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990

Department of the Treasury

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 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public

	or the	2019 c		eginning 01-01-2019 , and endin	g 12-31-2	2019			60/
		olicable:	C Name of organization THE MEADOWS COUNTRY CLUB	INC			D Emple	oyer identif	ication number
	tress ch	9900				1000	65-00	65871	
	ne chan sal retu	7550	Doing business as						
		terminated					-	100	
	ended r			if mail is not delivered to street address)	Room/suite		E Teleph	one number	
App	olication	pending	3101 LONGMEADOW				(941)	400-1217	
			City or town, state or province, SARASOTA, FL 34235	country, and ZIP or foreign postal code					-
							G Gross	receipts \$ 6,	583,835
			F Name and address of prin ROBERT SCHAAL	cipal officer:	,	H(a) Is this	a group	return for	-
			3101 LONGMEADOW				inates?		☐Yes ☑No
			SARASOTA, FL 34235		'	H(b) Are all include		ates	Yes ONO
Tas	-exemp	ot status:	□ 501(c)(7) ☑ 501(c)(7) ◀ (insert no.) ☐ 4947(a)(1) or ☐	527			a list. (see	instructions)
W	ebsite.	:► WW	W.MEADOWSCC.ORG		,	H(c) Group	exemption	on number	
								1	
orn	af orga	anization:	Corporation Trust	Association ☐ Other ▶	-	Year of format	ion, 1988	M State	of legal domicile: FL
Pa	rt I	Sumi	mary				-		
		_	Name and Address of the Owner, when the Owner, which the O	on or most significant activities:				M	
				A COMMON OBJECTIVE THROUGH RE	CREATION	, SPORTS, A	ND SOC	IAL ACTIVI	TIES.
	-								
н	2 0	heck thi	s how > if the organization	discontinued its operations or dispos	ted of mon	e than 25%	of its not	accete	
	3 N	lumber o	f voting members of the gove	erning body (Part VI, line 1a)		* * *	with the	3	
	4 N	lumber o	f independent voting member	s of the governing body (Part VI, line	1b) .			4	
	5 T	otal num	ber of individuals employed in	n calendar year 2019 (Part V, line 2a)				5	
				necessary)				6	100
				Part VIII, column (C), line 12				7a	1,205,9
П				from Form 990-T, line 39				7b	3124375
							r Year	1.0	Current Year
	8 0	ontribut	ons and grants (Part VIII, line	16)		1110		0	Current rear
				2g)			5 46	7,196	4,745,2
				A), lines 3, 4, and 7d)			2,40	0	4754576
							061		
				nes 5, 6d, 8c, 9c, 10c, and 11e)			6,429	1,955	1,163,5
-				(must equal Part VIII, column (A), line	14)		0,421	Table 1	5,908,8
				X, column (A), lines 1-3)				0	
				C, column (A), line 4)				0	
				e benefits (Part IX, column (A), lines !	The state of the s		3,683	5,775	
				olumn (A), line 11e)	*			0	
			aising expenses (Part IX, column)	1900 M () () () () () () () () () (
	17 0	ther exp	enses (Part IX, column (A), li	nes 11a-11d, 11f-24e)			3,62	7,558	6,691,5
	18 T	otal exp	enses. Add lines 13-17 (must	equal Part IX, column (A), line 25)			7,313	3,333	6,691,5
	19 R	evenue	less expenses. Subtract line 1	8 from line 12			-984	4,182	-782,6
Fund Balances						Beginning o	of Current	Year	End of Year
an	-	es e como					21000		
89			ets (Part X, line 16)		t		3,740	400	1,632,3
CINC			lities (Part X, line 26)		7		3,438	-	2,313,4
		-	s or fund balances. Subtract I	ne 21 from line 20			302	2,608	-481,0
	rt II		ature Block				-		
der owl	edge a	nd belie	rjury, I declare that I have e	kamined this return, including accomp lete. Declaration of preparer (other th	panying sci	hedules and	statemen	nts, and to	the best of my
y ki	nowled	ge.				,			men preparet na
	- 1	\				0.00	11.40		
2			re of afficer			2020 Date	-11-16		
gn		Emilian III				1200			
-1.60			T SCHAAL TREASURER print name and title						
			AND DESCRIPTION OF THE PARTY OF	I Branarac's cleanth as	Town			Latra	
			int/Type preparer's name	Preparer's signature	Date	Chec		PTIN P00189856	
- 2			rm's name PHILLIPS HARVEY	GROUP			employed	9-2840381	
aic			THE RESERVE AND A STREET OF THE PARTY OF THE	WILLIAM TO THE PARTY OF THE PAR		P1000	T CTLA .	1,5040307	
rep	Only								

Pa	rt III State	ment of Program Service Ac	complishments		
	Check	f Schedule O contains a response o	r note to any line in this Part III .		
1		e the organization's mission:			-
PLEA	SURE AND RELA	AXATION OF THE MEMBERS FROM G	SOLFING, TENNIS, FITNESS, AND	SOCIAL ACTIVITIES.	
2	Did the organi	zation undertake any significant pro	ogram services during the year wh	nich were not listed on	
	the prior Form	990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," descr	ibe these new services on Schedule	0.		
3	Did the organi	zation cease conducting, or make s	ignificant changes in how it condu	icts, any program	
	services? .				☐ Yes ☑ No
		the share of a contract of the state of			
	If "Yes," descr	ibe these changes on Schedule O.			
4	Describe the of Section 501(c	organization's program service according to the service according and 501(c)(4) organizations and revenue, if any, for each program	e required to report the amount o	largest program services, as meas f grants and allocations to others,	sured by expenses. the total
	Describe the of Section 501(c	organization's program service accor)(3) and 501(c)(4) organizations are	e required to report the amount o	largest program services, as meas f grants and allocations to others,) (Revenue s	sured by expenses. the total
	Describe the of Section 501(c expenses, and	organization's program service accor)(3) and 501(c)(4) organizations and I revenue, if any, for each program) (Expenses S	e required to report the amount o service reported.	f grants and allocations to others,	sured by expenses. the total
4 4a 4b	Describe the d Section 501(c expenses, and (Code:	organization's program service accor)(3) and 501(c)(4) organizations and I revenue, if any, for each program) (Expenses S	e required to report the amount o service reported.	f grants and allocations to others,	sured by expenses. the total
4a	Describe the of Section 501(c expenses, and (Code: See Additional C	organization's program service accor)(3) and 501(c)(4) organizations and I revenue, if any, for each program) (Expenses s) (Expenses s	e required to report the amount o service reported. including grants of \$	f grants and allocations to others,) (Revenue \$	sured by expenses. the total
4a 4b	Describe the of Section 501(c expenses, and (Code: See Additional D	organization's program service accor)(3) and 501(c)(4) organizations and I revenue, if any, for each program) (Expenses s) (Expenses s	e required to report the amount o service reported. including grants of \$	f grants and allocations to others,) (Revenue \$	sured by expenses. the total
4a	Describe the of Section 501(c expenses, and (Code: See Additional C Code: See Additional C	organization's program service accord(3) and 501(c)(4) organizations and revenue, if any, for each program) (Expenses 5 lata) (Expenses 5 lata) (Expenses 5	e required to report the amount of service reported. including grants of \$ including grants of \$	f grants and allocations to others,) (Revenue s) (Revenue S	sured by expenses. the total)
4a 4b	Describe the of Section 501(c expenses, and (Code: See Additional Discounting Code: See Additional	organization's program service accord(3) and 501(c)(4) organizations and revenue, if any, for each program) (Expenses 5 lata) (Expenses 5 lata) (Expenses 5	e required to report the amount of service reported. Including grants of \$ Including grants of \$ Including grants of \$	f grants and allocations to others,) (Revenue s) (Revenue S	sured by expenses. the total
4a 4b	Describe the of Section 501(c expenses, and (Code: See Additional Discounting Code: See Additional	(a) and 501(c)(4) organizations and revenue, if any, for each program (b) (Expenses 5) (c) (Expenses 5)	e required to report the amount of service reported. Including grants of \$ Including grants of \$ Including grants of \$	f grants and allocations to others,) (Revenue s) (Revenue S	sured by expenses. the total))
4a 4b	Describe the of Section 501(c expenses, and (Code: See Additional Discounting Code: See Additional	(a) and 501(c)(4) organizations and revenue, if any, for each program (b) (Expenses 5) (c) (Expenses 5)	e required to report the amount of service reported. including grants of \$ including grants of \$ including grants of \$	f grants and allocations to others,) (Revenue s) (Revenue s) (Revenue s	sured by expenses. the total))

Par	Checklist of Required Schedules		-	rage a
i al	* Checkhat of Required achequies		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	THE	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1000	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	1	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6	HITT	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 167 If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X **	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 3	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	n	No

Pa	t IV	Checklist of Required Schedules (continued)			3
	100			Yes	No
22		e organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, in (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	and for	e organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current rmer officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete ale J	23		No
24a	Did the	e organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and etc Schedule K. If "No," go to line 25a	24a	1231	No
ь		e organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c		e organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
d		e organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section	in 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit ction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that th	organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and e transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete alle L, Part I	25Ь	72020	
26	officer,	e organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family er of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	employ a 35%	e organization provide a grant or other assistance to any current or former officer, director, trustee, key yee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete use L,Part III	27		No
28	Was th	te organization a party to a business transaction with one of the following parties (see Schedule L, Part IV tions for applicable filing thresholds, conditions, and exceptions):		1190	
а	A curre	ent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," ete Schedule L, Part IV	28a		No
ь	A fami	ly member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% comple	controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," ete Schedule L, Part IV	28c		No
29		e organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30		e organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation outlons? If "Yes," complete Schedule M	30		No
31	Did the	e organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the	a organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete ule N, Part II	32		No
33		e organization own 100% of an entity disregarded as separate from the organization under Regulations sections 701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34		ne organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and line 1	34		No
35a	Did the	e organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
ь		to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section organi	on 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related zation? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the	e organization conduct more than 5% of its activities through an entity that is not a related organization and that ted as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38		e organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. m 990 filers are required to complete Schedule O	38	Yes	
Pa	rt V	Statements Regarding Other IRS Filings and Tax Compliance	- 37.31	130	
		Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15		Yes	No
		the number of Forms W-2G included in line 1a, Enter -0- if not applicable . 1b 0			
c		e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	Ves	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			DO A
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	and the
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	A.	No
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			and the
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a	Yes	
	solicit any contributions that were not tax deductible as charitable contributions?		11.75	_
	not tax deductible?	6b	Yes	MED NO
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		1000
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		10111
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			100.00
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1,390,859			
11	Section 501(c)(12) organizations. Enter:			Payed all II
a	Gross income from members or shareholders		-	100
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		2418	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	- 12		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			29.,40
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a MATA IT HA		Page
	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			lines
56	ection A. Governing Body and Management			-
		7,000	Yes	No
la	a Enter the number of voting members of the governing body at the end of the tax year la	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			-
b	Enter the number of voting members included in line 1a, above, who are independent 1b	11		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employee?	her 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 3		No
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
5	Did the organization have members or stockholders?	6	Yes	
a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more 7a	Yes	6
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	100000000000000000000000000000000000000	Yes	
1		r by		
a	The governing body?	8a	Yes	
,	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
				No
ie	ection B. Policies (This Section B requests information about policies not required by the Internal Re-		- 1	
			Yes	No
a	a Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10b		
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a		No
6	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	1 2000000	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe is Schedule O how this was done		Yes	
	Did the organization have a written whistleblower policy?	13	10.00	No
	Did the organization have a written document retention and destruction policy?	14	Yes	140
	Did the process for determining compensation of the following persons include a review and approval by independe persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		163	111111111111111111111111111111111111111
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
a	는 유명화 전에 가장 전혀 있다면 보다 보면 가장 이번 경에 있다. 전에 가장 전에 가장 보다는 보다 되었다. 그렇게 되었다면 보다 되었다면 보다 되었다면 보다 보다는 것이다. 그렇게 되었다면 보다 보다 보다 보다 되었다면 보다 보다 되었다면 보다 되었	230	144	
a	If ites to line 15a or 15b, describe the process in Schedule O (see instructions).			No
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	162		140
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participate.	. 16a		A 10/31
a b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	etion		-

17	List the	states	with	which a	a copy	of	this	Form	990	is	required	to be	filed	۰
----	----------	--------	------	---------	--------	----	------	------	-----	----	----------	-------	-------	---

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	☑ Upon request	Other	(explain in Schedule C
THE RESERVE TO SERVE WITH THE PARTY OF THE P	THE PROPERTY OF THE PROPERTY O	many was will be made as a many	- W-417-61	Levelani in Schedale

- 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.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ▶TOM MURPHY CONTROLLER C/O ICON MANAGEMENT 5540 STATE ROAD BRADENTON, FL 34208 (941) 371-6000

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MET TARE	-	~ 4	40.00	41

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

- · 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.

(A) Name and title	(B) Average hours per week (list any hours		oth a	ox, i	t ch unle	ss per	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated entitionee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
1) GENE MERCER RESIDENT	15.00	×	1	×				0	0	
2) DAVE WADDILOVE	15.00	×	N	×				0	0	
3) ROBERT SCHAAL REASURER	15.00	×		×	-			0	0	
4) GILLIAN SANDERS ECRETARY	15.00	×	-	×				0	0	
5) GREG MARTIN MRECTOR	5.00	×	d					0	0	
6) PHYLLIS FREDERICK MRECTOR	5.00	×	11111					0	0	
7) KIM MILLER MRECTOR	5.00	×						0	0	
8) DENNIS ACKERMAN DIRECTOR	5.00	×				tree in		0	0	
9) CHRISTINE KRATZER MRECTOR	5.00	×						0	0	
10) PHILLIP BOYLE MRECTOR	5.00	×						o	0	
11) DUNCAN COOPER MRECTOR	5.00	×				11.0		0	0	
12) RALPH CERNY VIRECTOR	5.00	×						0	0	

Form 990 (2019)

P	Section A. Officers, D	irectors, Trustees	, Key	Emp	loye	es,	and	High	est Compensate	ed Employees	(cont	tinued)	Page (
	(A) Name and title	(B) Average hours per week (list any hours	than o	one b	ox, u	ch inle	eck mi ss pers r and a ree)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	d is	Estimamount of compension	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099 MISC)		organizat relat organiz	ted
						1							
				8									
	Sub-Total		A				•						
	Total from continuation sheets to Total (add lines 1b and 1c) . Total number of individuals (inclu			5000		nove) who	rece	0 lived more than \$1	00,000	0		(
222	of reportable compensation from	the organization > ()	- 1100			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ived more than \$1	00,000			
3	Did the organization list any form line 1a? If "Yes," complete Sched	ner officer, director i	or trust	ee, k	ey en	nplo	oyee, c	or hig	hest compensated	employee on	3	Yes	No No
4	For any individual listed on line 1 organization and related organization and related organization individual	itions greater than \$	rtable o	0? If	"Yes,	" cc	and o	e Sci	compensation from hedule J for such	the			
5	Did any person listed on line 1a r services rendered to the organiza	eceive or accrue con	npensat	ion fr	rom a	eny	unrela	ted d	organization or indi	vidual for	5		No No
S	ection B. Independent Contr												110
1	Complete this table for your five I from the organization. Report con	highest compensated mpensation for the co	indepe	ender	endi	ntra	ctors t	hat r	received more than	\$100,000 of co	mpen	sation	NO.
		(A) ame and business addre								(B) ription of services		(C Comper	
							I						
2	Total number of independent contra compensation from the organization	actors (including but	not lim	ited t	o the	se	listed a	abov	e) who received mo	ore than \$100,0	00 of		

	Check if Schei	dule O cont	ains a respi	onse or note to any	line in this Part VIII	The state of the s		[
	*			199	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sect 512 - 514
00	1a Federated campa	aigns	1a			15 KBUNG		214 - 316
1	b Membership due		16					
2	c Fundralsing even	nts	1c					
	d Related organiza	tions	1d					
į	e Government grants		1800					
and other similar Amounts	f All other contribute and similar amount above	s not included	11					
5	g Noncesh contribute lines to - 17:5	ons included in	19					
	h Total. Add lines	ia-if						
Ť				Business Code			- 19	1
ŀ	2a MEMBER ASSESSMEN	VTS		717910	2,500,355	2,500,351		90
ı	b GREENS AND CART F	TEES			1,835,973	773,572	1,062,40	
	200.000.000.000.000			713910	- 2000000	10.100	(A A) (A	
	c CAPITAL ACCESS FEI	ES		713910	311,503	351,503		
	d REPAIRS, LOCKER AT	ND OTHER		713910	33,252	33,252		
	e ENSTRUCTION INCOM	ME		713910	28,844	28,844		. 10
	f All other program	service rev	enue.		35,315	05,015		19/
J	9 Total, Add lines	2a-2f		4,745,242		D.		107
Ī	3 Investment income	(including	dividends,				10	10
l	similar amounts) . 4 Income from invest			ond proceeds	1		- 10	
в				THE STATE OF THE S			100	
ĺ		- 0	i) Real	(ii) Personal	100		1	100
I	6a Gross rents	6a						
I	b Less; rental expenses	6b			1	1		
	expenses e Rental income							
ĺ	or (loss)	6c				M		
1	d Net rental income	-	Securities	(ii) Other				
	7a Gross amount from sales of assets other	7a	- Luniues	(ii) delle				
	b Less cost or other basis and	7ь				20		-
	sales expenses E Gain or (loss)	7c		7		1		
I	d Net gain or (loss)	500						
	Sa Gross income from h (not including a contributions reports See Part IV, line 18 b Less: direct exper	undraising evi	ents of . 8a			100		
	c Net income or (los	ss) from fun	ndraising ev	ents				
41	Gross income from See Part IV, line 19							-
	b Less: direct exper c Net income or (lor		Action to the second	es				Mary III
1	10aGross sales of invicetums and allow			1,783,71				
	b Less: cost of good	ds sold ,	-		Z			
1	C Net income or (los			Street, or other Persons and P	1,108,720	965,136	143,58	4
-	Miscellaneo 11aOTHER INCOME	ous Revenue		Business Code 71391	0 54,879	54,876		
1	b							
						- Therene		
	c							
	d All other revenue				54,87			

Partix Statement of Functional Expenses				Page 1
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to an				
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			geraranan	engentoes
2 Grants and other assistance to domestic individuals. See Part IV, line 22				-
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.			7	
4 Benefits paid to or for members			W 1.0	
5 Compensation of current officers, directors, trustees, and key employees			- 4	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(8)$.		1		
7 Other salaries and wages			9	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
O Payroll taxes		- 0		
1 Fees for services (non-employees):	100	10 //		
a Management	17	100		
blegal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17		40		
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
2 Advertising and promotion	20,923			
3 Office expenses				
4 Information technology				
5 Royalties				
6 Occupancy				
7 Travel	49			
Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
O Interest	70,939			
1 Payments to affiliates	10,100			
2 Depreciation, depletion, and amortization	116,395			
3 Insurance	220,008			
4 Other expenses. Itemize expenses not covered above (List	220,000			
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a THIRD PARTY LABOR	3,129,150			
b GENERAL & ADMINISTRATIV	1,384,458			
c MAINTENANCE AND LANDSCA	668,295			
d THIRD PARTY BENEFITS	334,188			
e All other expenses	747,153			

6,691,509

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here ► ☐ if following SOP 98-2 (ASC 958-720).

Pa	Reconcilliation of Net Assets	100	12 10	the the	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	,908,838
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	,691,509
3	Revenue less expenses. Subtract line 2 from line 1	3	Age -	9	-782,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 10		302,608
5	Net unrealized gains (losses) on investments	5	100		
6	Donated services and use of facilities	6		in the same	
7	Investment expenses	7			
8	Prior period adjustments	8			-969
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			-481,032
Pa	rt XII Financial Statements and Reporting				- 1 1
	Check if Schedule O contains a response or note to any line in this Part XII				
		00 100		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a	2.0		NO.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			a leaded	-21
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,		- 69	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		25
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		The same
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			DX II
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ingle	3a		No
ь	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.	uired	3b	_	194

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	line in this Part IX	(A) Beginning of year	· i	(B) End of year
	1	Cash-non-interest-bearing			7,593	1	16.362
	2	Savings and temporary cash investments .				2	10,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			447,164	4	1,095,407
	5	Loans and other payables to any current or form		er director trustee			1000000
		key employee, creator or founder, substantial country or family member of any of these persons	ontribut	or, or 35% controlled	()	5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			stand resident stands	6	
S	7	Notes and loans receivable, net			2,436,821	7	
Assets	8	Inventories for sale or use			269,233	8	216,848
155	9	Prepaid expenses and deferred charges			192,377	9	106,498
d	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,606,690			
	ь	Less: accumulated depreciation	10b	2,209,430	380.543	10c	397,260
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		A second	12	The last of the last of
	13	Investments program-related. See Part IV, line			All and the second	13	STATE OF THE PERSON NAMED IN
	14	Intangible assets			/	14	
	15	Other assets. See Part IV, line 11			7,149	15	E STREET, LA
	16	Total assets. Add lines 1 through 15 (must eq.		34)	3,740.880	16	1,832,375
-	17	Accounts payable and accrued expenses	A STREET		818,300	17	790,365
	18	Grants payable				18	
	19	Deferred revenue			1,100,007	19	1,096,362
	20	Tax-exempt bond liabilities			144.55445-1	20	
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contrior family member of any of these persons	ner offici butor, o	er, director, trustee, key			A to be a part of the
E					4 000 070	22	-
_	23	Secured mortgages and notes payable to unrela		_	1,099,278		
	24	Unsecured notes and loans payable to unrelated	- N		100.007	24	100.000
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	420,687	25	426,680
	26	Total liabilities. Add lines 17 through 25 .	¥0		3,438,272	26	2,313,407
Assets or Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	heck he	re ▶ ☑ and			
als	27	Net assets without donor restrictions			302,608	27	-481,032
9 0	28	Net assets with donor restrictions				28	
r Fun	20	Organizations that do not follow FASB ASC complete lines 29 through 33.					
0 5	29	Capital stock or trust principal, or current funds		_		29	
set	30	Paid-in or capital surplus, or land, building or ed				30	
As	31	Retained earnings, endowment, accumulated in		_		31	
Net	32	Total net assets or fund balances			302,608	32	-481,032
Z	33	Total liabilities and net assets/fund balances .	61.0		3,740,880	33	1,832,375

Additional Data

Software ID: Software Version:

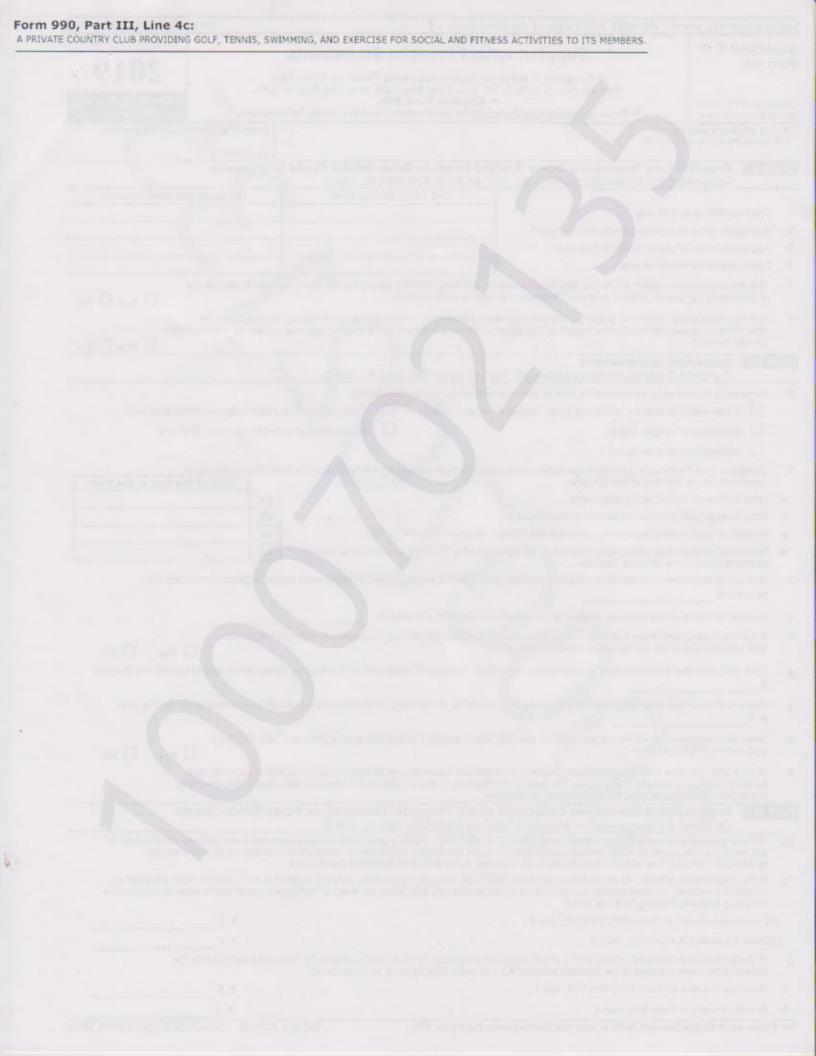
EIN: 65-0065871

Name: THE MEADOWS COUNTRY CLUB INC

Form 990 (2019)

Form 990, Part III, Line 4a:

A PRIVATE COUNTRY CLUB PROVIDING SOCIAL AND RECREATION FACILITIES TO ITS MEMBERS.



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493321019290

OMB No. 1545-0047

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.lrs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ame of the organization HE MEADOWS COUNTRY CLUB INC		Employer id	entification	number
		65-0065871		
Organizations Maintaining Donor Advised Funds or Or Complete if the organization answered "Yes" on Form 990,	ther Similar Funds or Part IV, line 6.	Accounts.		A .
	advised funds	(b) Fund	ds and other	accounts
Total number at end of year				
Aggregate value of contributions to (during year)		- 4	7	
Aggregate value of grants from (during year)			101	
Aggregate value at end of year	170		7	
Did the organization inform all donors and donor advisors in writing that th organization's property, subject to the organization's exclusive legal contro			1	Yes N
Did the organization inform all grantees, donors, and donor advisors in writ charitable purposes and not for the benefit of the donor or donor advisor, or private benefit?	r for any other purpose co	used only for offerring impe	or	Yes N
Conservation Easements. Complete if the organization answered "Yes" on Form 990,				100 111
Purpose(s) of conservation easements held by the organization (check all t				
Preservation of land for public use (e.g., recreation or education)	Preservation of an h	absolution the Levi	and and local	
	_	and the second		area
Protection of natural habitat	Preservation of a ce	tified historic	structure	
Preservation of open space				
Complete lines 2a through 2d if the organization held a qualified conservation easement on the last day of the tax year.	on contribution in the form		ation at the End o	of the Year
Total number of conservation easements		2a		
Total acreage restricted by conservation easements		2b		
Number of conservation easements on a certified historic structure included	-	2c		
Number of conservation easements included in (c) acquired after 7/25/06, structure listed in the National Register.		Σd		
Number of conservation easements modified, transferred, released, extingutax year ▶	uished, or terminated by th	e organizatio	n during the	
Number of states where property subject to conservation easement is local	ed >			
Does the organization have a written policy regarding the periodic monitori	ng, inspection, handling of	violations.		
and enforcement of the conservation easements it holds?			Yes	□ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of vid	plations, and enforcing con	servation eas	ements durir	ng the year
Amount of expenses incurred in monitoring, inspecting, handling of violatio	ns, and enforcing conserva	tion easemer	nts during the	e year
Does each conservation easement reported on line 2(d) above satisfy the r	equirements of section 170	(h)(4)(B)(i)		
and section 170(h)(4)(B)(ii)?	****		☐ Yes	□ No
In Part XIII, describe how the organization reports conservation easements balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.				
Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990,		r Similar A	ssets.	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, e-	report in its revenue state ducation, or research in fur	ment and ba therance of p	lance sheet w	works of
provide, in Part XIII, the text of the footnote to its financial statements tha		NAME OF TAXABLE PARTY.	CHONALOGORA	Contract to the Contract of th
If the organization elected, as permitted under SFAS 116 (ASC 958), to rephistorical treasures, or other similar assets held for public exhibition, educated following amounts relating to these items:	tion, or research in further	nt and balanc ance of public	e sheet work c service, pro	s of art, ovide the
(i) Revenue included on Form 990, Part VIII, line 1		>\$		
ii)Assets included in Form 990, Part X		_		
If the organization received or held works of art, historical treasures, or oth following amounts required to be reported under SFAS 116 (ASC 958) relative	er similar assets for financ		ide the	
Revenue included on Form 990, Part VIII, line 1		> \$		
Assets Included in Steel 200 Deat V				

3	1001	Organizations Maintaining Co					1.20.00				I HOUGH		en ment	
		the organization's acquisition, accession (check all that apply):	on, and other re	ecords, che	eck a	ny of	the fol	lowing th	nat are	a signific	ant use	of its co	llection	
a		Public exhibition			d		Loan	or excha	nge pro	grams				
b		Scholarly research			е		Other				4			
c		Preservation for future generations												
4	Provi	de a description of the organization's co	ollections and e	xplain how	the	y furti	ner the	organiza	ation's e	exempt p	urpose	in		
5	Durin	ng the year, did the organization solicit is to be sold to raise funds rather than										Yes		No
Par	t IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		on Form 9	990,	Part	IV, lir	ne 9, or	report	ed an a	10			
1a		e organization an agent, trustee, custod ded on Form 990, Part X?									. [Yes		No
ь	If "Ye	es," explain the arrangement in Part XI	II and complete	the follow	ina t	table:					Amo	unt		
c		nning balance			183				1c					_
d		ions during the year							1d		- 121			
e		butions during the year							1e					
f		ng balance							1f					_
												7		
2a		he organization include an amount on F									_	-	_ I	No
b	If "Ye	es," explain the arrangement in Part XI	I. Check here it	f the explai	natio	on has	been	provided	in Part	XIII	L			
-		Endowment Funds.												
-	rt V				-		9							
-	rt V	Complete if the organization ans							and book	Lava		haati Val		and hand
Pa		Complete if the organization ans	(a) Current			Part for year			ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a	Beginn	Complete if the organization ans							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b	Beginn Contril	Complete if the organization and ning of year balance butions							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b	Beginn Contril Net inv	Complete if the organization and ning of year balance butions							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c	Beginn Contril Net inv Grants	Complete if the organization and hing of year balance butions							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d	Beginn Contril Net inv Grants Other	Complete if the organization and ning of year balance butions							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d	Beginn Contril Net in Grants Other and pr	Complete if the organization and hing of year balance							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e	Beginn Contril Net inv Grants Other and pr Admin	Complete if the organization and hing of year balance							ears back	(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f	Beginn Contril Net inv Grants Other and pr Admin End of	Complete if the organization and ning of year balance	(a) Current	year (I	b) Pr	ior yea	ar (c) Two ye		(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f	Beginn Contril Net inv Grants Other and pr Admin End of	Complete if the organization and hing of year balance	(a) Current	year (I	b) Pr	ior yea	ar (c) Two ye		(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f g 2	Beginn Contril Net in Grants Other and pr Admin End of Provi	Complete if the organization and hing of year balance	(a) Current	year (I	b) Pr	ior yea	ar (c) Two ye		(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f g 2 a b	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm	Complete if the organization and hing of year balance	(a) Current	year (I	b) Pr	ior yea	ar (c) Two ye		(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f g 2 a	Beginn Contril Net inv Grants Other and pr Admin End of Provi Boan Perm Temp	Complete if the organization and ling of year balance	(a) Current	year (I	b) Pr	ior yea	ar (c) Two ye		(d) Thre	ee years	back (e)	Four year	ars back
Pa 1a b c d e f g 2 a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp	Complete if the organization and hing of year balance	rent year end b	year (I	b) Pr	or year	mn (a)) held as	5.		ee years	back (e)	Four year	ars back
Pa 1a b c d e f g 2 a b	Beginn Contril Net in Grants Other and pr Admin End of Provi Board Perm Tem; The ; Are t	Complete if the organization and butions	rent year end b	year (I	b) Pr	or year	mn (a)) held as	5.		ee years		Yes	No
Pa 1a b c d e f g 2 a b c	Beginn Contril Net in Grants Other and pr Admin End of Provi Board Perm Tem; The ; Are t	Complete if the organization and hing of year balance	rent year end b	year (I	b) Pr	or year	mn (a)) held as	5.		ee years	3a(i	Yes	
Pa 1a b c d e f g 2 a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp The p Are t organ (i) u	Complete if the organization and ling of year balance	rent year end b	palance (line	e 1g	or year	mn (a)) held as	5.		ee years	3a(i) 3a(ii)	Yes	
Pa 1a b c d e f g 2 a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp The provi Are to organ (i) u	Complete if the organization and ling of year balance	rent year end b	palance (line	b) Pr	, colu	mn (a)) held as	5.		ee years	3a(i	Yes	
Pa 1a b c d e f g a b c 3a	Beginn Contril Net in Grants Other and pr Admin End of Provi Board Temp The p Are t organ (i) u (ii) r If "Ya	Complete if the organization and losses sor scholarships	rent year end b	palance (line	b) Pr	, colu	mn (a)) held as	5.		ee years	3a(i) 3a(ii)	Yes	
Pa 1a b c d e f g a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp The provi Are to organ (i) u	Complete if the organization and losses in the control of the current extraction and losses is or scholarships expenditures for facilities rograms istrative expenses de the estimated percentage of the current endowment parameter endowment properties on lines 2a, 2b, and 2c shows the endowment funds not in the possibility in the possibility in the possibility in the parameter organizations related organizations	rent year end bould equal 100% ession of the order organization's ent.	palance (line)	b) Pr	are h	mn (a)) held as	stered f	or the		3a(i 3a(ii 3b	Yes	
Pa 1a b c d e f g a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Temp The p Are t organ (i) u (ii) r If "Ye Desc	Complete if the organization and losses sor scholarships	(a) Current) where the control of the organization's ent. swered "Yes" (a) there has is a control of the con	palance (line)	that	, colu are h	mn (a)) held as	stered f	or the), Part	3a(i 3a(ii 3b	Yes	No
Pa 1a b c d e f g 2 a b c 3a Pai	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Temp The p Are t organ (i) u (ii) r If "Ya Descr	Complete if the organization and losses in a control of year balance	(a) Current) where the control of the organization's ent. swered "Yes" (a) there has is a control of the con	palance (line 6. ganization quired on S s endowme	that	, colu are h	mn (a)) held as	stered f	or the), Part	3a(i 3a(ii 3b	Yes))))	No
Pa 1a b c d e f g 2 a b c 3a Pai	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp The p Are t organ (i) u (ii) r If "Ye Descr	Complete if the organization and hing of year balance	(a) Current) where the control of the organization's ent. swered "Yes" (a) there has is a control of the con	palance (line 6. ganization quired on S s endowme	that	, colu are h	mn (a)) held as	stered f	or the), Part	3a(i 3a(ii 3b	Yes))))	No
Pa 1a b c d e f g 2 a b c 3a Pa 1a b	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Perm Temp The p Are t organ (i) u (ii) r If "Ya Descr t VI Descr Land Buildir	Complete if the organization and hing of year balance	rent year end b	palance (line 6. ganization quired on S s endowme	that	, colu are h	mn (a)) held as	stered f	or the), Part	3a(i 3a(ii 3b	Yes))))	No
Pa 1a b c d e f g 2 a b c 3a Pa 1a b c	Beginn Contril Net inv Grants Other and pr Admin End of Provi Board Temp The p Are t organ (i) u (ii) r If "Ye Descr t VI Descr Land Buildir Leasel	Complete if the organization and hing of year balance	rent year end b	palance (line 6. ganization quired on S s endowme	that	, colu are h	mn (a)) held as	stered f	or the), Part ion	3a(i 3a(ii 3b	Yes))))	No

(a) Description of security or category (including name of security)	(b) Book value		d of valuation: -year market value
1) Financial derivatives			M
2) Closely-held equity interests			-
A)			
8)		of Mice to re	
c)			1 10
D)			
E)		Page 1	and the same of the same of
F)			
G)		The same of the sa	
н)			-
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990), Part IV, line		principal de la companya del companya de la companya del companya de la companya del la companya de la companya
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year marke value
1)	W	70.00	
2)	N.		rate l'amaz
3)	1	To The Park	G Branch
4)	1		
5)	The same		
6)			
7)	- 10		
8)	-		
9)	1		
Total. (Calumn (b) must equal Form 990, Part X, cel.(B) line 13.)		•	
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990,	, Part IV, line	11d. See Form 990, Par	t X, line 15.
(a) Description			(b) Book value
(2)			
(3)			
4)			The last of the la
(5)			
6)			
(7)			
8)	Trus-cone		
9)		Hardin Critical	
Part X Other Liabilities.	State of the set of the set		ALANA DI MANAGAMANA
Complete if the organization answered 'Yes' on Form 990 (a) Description of liability	, Parc IV, IIIIe	TTO OF THIS BE FORM	(b) Book value
(1) Federal income taxes (8)			
(9)			
ATT.			

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a	1	
b	Donated services and use of facilities 2b	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		111
e	Add lines 2a through 2d	2e	
1	Subtract line 2e from line 1	3	
1	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	1	
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
L	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
P	rt XIII Supplemental Information		
Pr	ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	rt V, lin	e 4; Part X, line 2; Part
	Return Reference Explanation		
_		Scho	dule D (Form 990) 20

Part XIII Supplemental Information (continued)

Return Reference

Explanation

Schedule D (Form 990) 2019

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As Filed Data -

DLN: 93493321019290

SCHEDULE O (Form 990 or 990-

Department of the Treasury

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 <u>www.irs.qov/Form990</u> for the latest information.

Inspection Employer identification number

65-0065871

Name Brthelofganization THE MEADOWS COUNTRY CLUB INC.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A PRIVATE COUNTRY CLUB WITH MEMBERS THAT CAN VOTE ON VARIOUS MATTERS I NCLUDING ELECTING THE BOARD OF DIRECTORS, CHANGES IN ORGANIZATIONAL DOCUMENTS, AND SPECIAL ASSESSMENTS.

Return Reference	Explanation Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION IS A PRIVATE COUNTRY CLUB WITH MEMBERS THAT VOTE ON VARIOUS MATTERS INCLU DING ELECTING THE BOARD OF DIRECTORS, CHANGES IN ORGANIZATIONAL DOCUMENTS, APPROVAL OF SPE CIAL ASSESSMENTS, AND SIGNIFICANT CHANGES IN ACTIVITIES AND OPERATIONS.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION IS A PRIVATE COUNTRY CLUB WITH MEMEBRS THAT VOTE ON VARIOUS MATTERS INCLUDING ELECTING THE BOARD OF DIRECTORS, CHANGES IN ORGANIZATIONAL DOCUMNETS, APPROVAL OF SPECIAL ASSESSMENTS, AND SIGNFICANT CHANGES IN ACTIVITIES AND OPERATIONS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED AND APPROVED BY THE TREASURER AND/OR ANOTHER OFFICER PRIOR TO FIL ING AND IS AVAILABLE FOR INSPECTION BY THE MEMBERSHIP AND PUBLIC, ANY MATTERS OF SIGNIFICA NCE RELATING TO FORM 990 WOULD BE DISCUSSED AT THAT TIME WITH THE BOARD OF DIRECTORS PRIOR TO FILING.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND KEY EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE COMPLIANCE WITH SUCH POLICY ANNUALLY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF KEY EMPLOYEES AND UPPER MANAGEMENT IS EVALUATED AND REVIEWED ANNUALLY BY I NDEPENDENT PERSONS AND INCLUDES COMPARISONS WITH COMPENSATION LEVELS WITH SIMILAR LOCAL PR IVATE CLUBS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, GOVERNING DOCUMNETS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION.

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	THIRD PARTY PAYROLL TAXES 261,493. F&B OTHER 202,752. PROPERTY TAXES 114,889. GOLF OPERATIONS 76,689. AMENITIES 73,508. SALES & MARKETING 17,822.