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DLN: 93493319018751

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.

2020

Open to Public

| E | | Service | landar year or tay year be | signing 01-01-2020 and on | dina 12.2 | 1.2020 | | _ | | |
|------------------|--|------------|--|--|---------------|-----------------|-----------------------|-------------------|-----------------------|--|
| | ik if appli | | C Name of organization | ginning 01-01-2020 , and en | aing 12-3 | 1-2020 | D Employ | er identifi | cation number | |
| | ress char | | THE MEADOWS COUNTRY CLUB I | NC | | | | | Catron number | |
| | ne chang | | Doing business as | | | | 65-006 | 5871 | | |
| | ial return Creturn/tw | | poing pusiness as | | | | 275.1 | 10 | | |
| | ended ret | 100000000 | Number and street (or P.O. box i | f mail is not delivered to street address | s) Roum/su | ite | E Telephor | e number | The same | |
| | olication p | | 3101 LONGMEADOW | | | | (941) 4 | 00-1217 | | |
| | | | City or town, state or province, of SARASOTA, FL 34235 | ountry, and ZIP or foreign postal code | | | | | 07 | |
| | | L | | | | | G Gross re | ceipts \$ 6, | 449,309 | |
| | | | F Name and address of princ ROBERT SCHAAL | pal officer: | | H(a) Is thi | s a group re | turn for | 1 | |
| | | | 3101 LONGMEADOW | | | | rdinates? | | ☐Yes ☑No | |
| - Table | | 1,000 | SARASOTA, FL 34235 | _ | | | II subordinal ded? | es | Yes No | |
| | -exempt | | | ◀(insert no.) ☐ 4947(a)(1) or | 527 | a watch | | | instructions) | |
| W | ebsiter | ► WW | W.MEADOWSCC.ORG | | | H(c) Grou | pexemption | number | | |
| 2 | Carlo Control | Carette a | Corporation Trust A | Поль | | L Year of form | ation: 1988 | M State o | of legal domicile: FL | |
| Form | or organ | nization: | EL Corporation LL Trust LL & | ssociation. L.J. Other P | | | | | | |
| Pa | rt I | Sumn | THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU | | | | | 100 | | |
| | 1 Brie | efly desc | tribe the organization's mission | n or most significant activities: A COMMON OBJECTIVE THROUGH | PECDEAT | ION SPORTS | AND SOCIA | L ACTIVIT | TIES | |
| | 10. | D1110.11 | STRUBERS TOUR FIRE FUR | SOMMON OBJECTIVE HIMOCOL | The united | JOIN, SPORTS, | AND SOCIA | F 50 1 1 1 1 | 11621 | |
| | _ | | | | | | | | | |
| | ~ | wall state | П и и | | | | | Out-official | | |
| | 3 Nu | mber of | voting members of the gover | discontinued its operations or dis ning body (Part VI, line 1a) . | posed of n | nore than 259 | of its net a | ssets. | | |
| | | | | of the governing body (Part VI, I | | | | 4 | | |
| | | | | calendar year 2020 (Part V, line | | | | 5 | | |
| | 6 To | tal num | ber of volunteers (estimate if | necessary) | | | | 6 | | |
| | | | | art VIII, column (C), line 12 . | | | | 7a | 1,463,4 | |
| | | | | rom Form 990-T, line 39 | | | | 7b | | |
| | | | | 4917 | 1.7000 | | ior Year | | Current Year | |
| 0 | 8 Co | ntributi | ons and grants (Part VIII, line 1 | (h) | | | | 0 | | |
| Hay or tue | 9 Pro | ogram s | ervice revenue (Part VIII, line 2 | 2g) | | | 4,745, | 242 | 5,198,4 | |
| 25 | | | |), lines 3, 4, and 7d) | | 0 | | | 3 | |
| - | 11 Ot | her reve | inue (Part VIII, column (A), line | es 5, 6d, 8c, 9c, 10c, and 11e) | | | 1,163, | 596 | 765,3 | |
| | 12 To | tal reve | nue-add lines 8 through 11 (r | must equal Part VIII, column (A), | line 12) | | 5,908, | 838 | 5,964,1 | |
| | 13 Gr | ants an | d similar amounts paid (Parl IX | (, column (A), lines 1-3) | | | | 0 | | |
| | 14 Be | nefits p | aid to or for members (Part IX, | , column (A), line 4) | | | | 0 | | |
| 9 | 15 Sa | laries, c | ther compensation, employee | benefits (Part IX, column (A), lin | es 5-10) | | | 0 | 3,304,7 | |
| CAPCHISCS | 16a Pr | ofession | al fundraising fees (Part IX, co | dumn (A), line 11e) | | | | 0 | | |
| A D | | | ising expenses (Part IX, column (D | | - 1 | | | | | |
| 0 | 17 Ot | her exp | enses (Part IX, column (A), line | es 11a-11d, 11f-24e) | | 6,691,509 2,7 | | | | |
| | 18 To | tal expe | nses. Add lines 13-17 (must e | equal Part IX, column (A), line 25 |) | 6,691,509 6, | | | | |
| | 19 Re | venue l | ess expenses. Subtract line 18 | from line 12 | | | -782, | 671 | -120,9 | |
| Fund Balances | | | | | | Beginning | of Current Y | ear | End of Year | |
| akan | 20 To | tal acco | ts (Part X, line 16) | | | | 1,832, | 375 | 1,432,2 | |
| 8 p | | | lities (Part X, line 26) | | | | 2,313. | | 2,167,7 | |
| Fin | | | or fund balances. Subtract lin | | 1 17 | | -481 | 5770 | -735,5 | |
| THE R. LEWIS CO. | rt II | | ture Block | | - 1 | | 401/ | 934 | , , , , , | |
| | The state of the s | | | amined this return, including acco | omnanvino | schedules an | d statement | s and to | the hest of my | |
| WOR | edge an | d belief | it is true, correct, and comple | ete. Declaration of preparer (other | er than offic | cer) is based o | on all inform | ation of w | hich preparer ha | |
| TY K | nowledg | e. | | | | | | | | |
| | - 1 | | | | | 20. | 21-11-12 | | | |
| ign | , | Signatu | re of officer | | | Dar | te | | | |
| ere | 1 | ROBERT | SCHAAL TREASURER | | | | | | | |
| | - 1 | | print name and title | | | | | | | |
| _ | - | Fr | int/Type preparer's name | Preparer's signature | 0 | Date | eck 🗆 # | PTIN P00189856 | | |
| | 1 | | | | | sel | f-employed | | | |
| aid | | 100 | m's name PHILLIPS HARVEY C | ROUP | | | m's EIN > 59 | 2840381 | | |
| aid | parer | Fit | IN S Harrie Process PARVET | | | | | | | |
| re | | | rm's address > 801 LAUREL OAK DE | 1905 | | | one no. (239) | 566-1600 | | |

| _ | 990 (2020) | The section of the section of | | THE RESERVE OF THE PERSON OF T | Page |
|----|------------------------|---|--|--|--|
| Pá | Statement | of Program Service Ac | complishments | T no received to part | 1000 |
| | Check if Sche | dule O contains a response o | r note to any line in this Part III | | |
| L | Briefly describe the o | rganization's mission: | | A so | |
| EA | SURE AND RELAXATIO | N OF THE MEMBERS FROM G | OLFING, TENNIS, FITNESS, AND SO | CIAL ACTIVITIES. | |
| | | | | | |
| | Did the organization | undertake any significant pro | ogram services during the year which | were not listed on | A STATE OF THE PARTY OF THE PAR |
| | the prior Form 990 o | | | | ☐ Yes ☑ No |
| | | se new services on Schedule | | | |
| | | | ignificant changes in how it conducts, | any program | |
| | | | | | ☐ Yes ☑ No |
| | | se changes on Schedule O. | | | |
| | Section 501(c)(3) an | ation's program service accor d 501(c)(4) organizations are ue, if any, for each program | nplishments for each of its three larg e required to report the amount of gr service reported. | est program services, as meas ants and allocations to others, | the total |
| a | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | |
| ь | (Code: |) (Expenses S | including grants of s | V/Daugania # | |
| ., | (code. |) (exhereses a | including grants or \$ |) (Revenue S | 1 |
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| С | (Code: |) (Expenses s | including grants of \$ |) (Revenue \$ |) |
| | | | | | - 191 |
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| | | THE RESERVE TO SHARE THE PARTY OF THE PARTY | | | |
| d | Other program service | es (Describe in Schedule O.) | | | |
| | (Expenses \$ | | grants of \$ | (Revenue \$ |) |
| e | Total program serv | vice expenses > | | | |
| | | | | THE PURPLE HERE | Form 990 (202 |
| | | | | | |
| | | | | | |

Page 3 Checklist of Required Schedules No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete No 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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 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 . . No 5 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 No 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🖏 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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 No q Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its No 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Yes 11d e 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 Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a No b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 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

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

No

| _ | Checklist of Required Schedules (continued) | | | Page 4 |
|-----|---|-----|-------|---------|
| ı a | Checkist of Required Schedules (Continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | 103 | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | upi s | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | and the |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 10 50 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | M.CO. | m to qu |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | 1150 |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | 01000 | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | 0 11 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Name | No |
| | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | 111 | Tree | |
| | Check if Schedule O contains a response or note to any line in this Part V | | - | |
| 1.0 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9 | | Yes | No |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | | 4 | 1.6 | |

| Pa | 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 | 00 = | AND T | |
| 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 | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 36 | 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 | - | 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). | | | - |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | 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? | - | 100 | |
| | not tax deductible? | 6b | Yes | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services | 7- | | |
| | provided to the payor? | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | 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 | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 26 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | _ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | 0.100 |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | - |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 2,201,858 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | 100 princip |
| a | Gross income from members or shareholders | 199 | | 100 |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 1217 |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | AVI- E |
| 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 | - | yes by | 10.3 |
| 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 | If "Yes," see instructions and file Form 4/20, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4/20, Schedule O. | 16 | illo vi | No |

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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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 other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision Yes of officers, directors or trustees, or key employees to a management company or other person? . 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 6 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . 8a Yes b Each committee with authority to act on behalf of the governing body? . Sh Yes 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 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 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, affiliates, 10b 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 11a No b Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . 12a Did the organization have a written conflict of Interest policy? If "No," go to line 13 . . . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Yes Did the organization have a written whistleblower policy? . 13 No Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a Yes Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a No b 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? . 16b Section C. Disclosure 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 ☑ Upon request ☐ Other (explain in Schedule O) 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:

▶TOM MURPHY CONTROLLER C/O ICON MANAGEMENT 5540 STATE ROAD BRADENTON, FL 34208 (941) 371-6000

| orm | | | | |
|-----|--|--|--|--|
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Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

See instructions for the order in which to list the persons above.

| for related organizations below dotted | 25 | | | | ss per r and a tee) | | Reportable compensation from the organization | Reportable compensation from related organizations | Estimated amount of other compensation from the property and the property | |
|--|-----------------------------------|--|--|--|--|--------|--|---|---|--|
| line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations | |
| 1.15 | 1 | | | | | | | | | |
| | X | A | X | | - | | 0 | 0 | | |
| | X: | N | × | | | | 0 | 0 | | |
| 1.15 | X | | × | | | | 0 | 0 | | |
| | × | 6 | × | | | | 0 | 0 | | |
| 1.15 | х | d | | | | | 0 | 0 | | |
| and the same | × | | | | | | 0 | 0 | | |
| | × | | | | | | 0 | 0 | | |
| | X | | | | | | 0 | 0 | | |
| | × | | H | | | | 0 | 0 | (| |
| | × | , | | | | | 0 | 0 | 3 | |
| | × | | | | | | 0 | 0 | | |
| | × | | | | | | 0 | 0 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1.15 | 1.15 X 1.15 X | 1.15 X 1.15 X | 1.15 X X X 1.15 X X X 1.15 X 1.15 X 1.15 X 1.15 X 1.15 X 1.15 X | 1.15 X X X X X X X X X X X X X X X X X X X | 1.15 | 1.15 | 1.15 | 1.15 | |

| | (A) Name and title | (B) Average hours per week (list any hours | than o | ne b | n off tor/tr | che inles ficer rust | eck moss pers and a ee) | on | (D) Reportable compensation from the organization (W-2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | | Estimated amount of other compensation from the organization and | |
|-----|--|--|--------------------------------|-----------------------|-----------------|-------------------------------|-------------------------------|----------------|--|---|-------|--|---------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC) | MISC) | | relate organiza | ed |
| | 181 | | | | | | | - | | | | | |
| | | | | | | 4 | | | | | | | |
| | Al College was at | | | | | | | | | | | | |
| | | | | K | | | | | Y - 1 | | | | |
| c ' | Sub-Total | to Part VII, Section | Α. | | | | * * * | | 0 | | 0 | | |
| 2 | Total number of individuals (include of reportable compensation from | uding but not limited the organization > | to the | se lis | ted a | bov | e) who | rece | eived more than \$1 | .00,000 | | 1100 | |
| 3 | Did the organization list any form line 1a? If "Yes," complete Scheo | mer officer, director | or trus | tee, l | cey e | | | or hi | ghest compensated | d employee on | 3 | Yes | No |
| 4 | For any individual listed on line : organization and related organization individual | la, is the sum of repations greater than | s150,00 | com 00? II | pens "Ye: | atio s, " c | n and comple | other te So | r compensation from chedule J for such | n the | 4 | | No |
| 5 | Did any person listed on line 1a services rendered to the organiz | receive or accrue co ation?If "Yes," comp | mpensa olete Sc | ation hedui | from le J f | an | y unrel | ated | organization or ind | lividual for | 5 | | No |
| S | ection B. Independent Cont | | | - | T. | | | 40.04 | | - 4100 000 of co | | ention | |
| 1 | Complete this table for your five from the organization, Report co | mpensation for the | calenda calenda | r yea | r en | ding | with (| or wit | thin the organization | n's tax year. (B) | mpen | ((| C) |
| _ | ٨ | lame and business add | ress | | | | | | Des | cription of services | | Compe | nsation |
| _ | | | | | | | | | | | | | |
| | Total number of independent cont compensation from the organization | | at not li | mited | to t | hos | e listed | abo | ve) who received n | nore than \$100,0 | 00 of | Form 99 | 0 (202 |

| le le | - 19 | | | are or move to any | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded fro tax under sect 512 - 514 |
|-------|--|-----------------|------------|---------------------|-------------------|--|---|---|
| 1a | Federated campai | | 1a | | | | | |
| ь | Membership dues | | 16 | | | | | |
| c | Fundraising event | 5 | 1c | | | | | |
| d | Related organizati | | 1d | | | | | |
| e | Government grants (| contributions) | 1e | | | | | |
| | All other contribution and similar amounts above | not included | 1f | | | | | |
| g | Noncash contribution lines Ia - 1f:\$ | s included in | 1g | | | | | |
| h | Total. Acd lines 1 | a-1f | | | | | | |
| 9 | | | | Business Code | | | | |
| 20 | MEMBER ASSESSME | NTS | | | 2,326,352 | 2,326,352 | | |
| 20 | THE PERSON NAMED OF THE PE | 7.75 | | 713910 | | 5701.0701.0 | | |
| b | GOLF CART RENTAL | | | 713910 | 1,777,047 | 677,414 | 1,099,633 | 100 |
| | Tel III | | | | 500,000 | 500,000 | | |
| c | RENAISBANCE ACCE | 22 | | 713910 | 300,000 | 270,000 | | |
| d | CAPITAL EMPROVEME | ENT FEES | | 712910 | 294,505 | 294,505 | | |
| 18 | | | | 21410 | | | | |
| e | GREENS AND USER | FEES | | 713910 | 231,633 | 158,662 | 72,971 | |
| | | | | | 68,962 | 47,686 | 21,276 | 69 |
| f | All other program | service reven | ue | | 99,942 | 47,000 | 21,470 | 189 |
| g | Total. Add lines | 2a-2f | | 5,199,499 | | A STATE | | feet |
| | | | | interest, and other | 320 | | 370 | |
| | imilar amounts) . Income from inves | | | ond proceeds | | | | |
| 1135 | Royalties | | exempt b | | | | | |
| | MARKINER | | Real | (iii) Personal | | | - 10 | |
| | | 100 | Teal . | (ii) reisonal | 100 | | | 111111 |
| 100 | Gross rents | 6a | | | 10/11 | A | | |
| | Less: rental expenses | 6b | | | 111 | | | |
| | Rental Income | | | | 7 | | | |
| | or (loss) | 6c | | | | | | |
| d | Net rental incom | e or (loss) . | | | | | | |
| | | (i) Sec | curities | (ii) Other | 4 | | | |
| | Gross amount from sales of | 7a | | | | | | |
| | assets other than inventory | | | | | De L | | |
| 1000 | Less cost or | | | | | 10 | | |
| 170 | other basis and sales expenses | 75 | | - | 1 | 9 | | |
| | | | | | | | | |
| | Gain or (loss) | 7c | | | | | | |
| 15/3 | Net gain or (loss | | | | | | | |
| | Gross income from fi (not including § | | af . | | | | | |
| | contributions reports | ed on line 1c). | 200 | | | I HOUSE | | |
| 100 | See Part IV, Ine 18 | | Ba. | | | | | |
| 1500 | Less: direct exper | | , 8b | | | | | |
| 0 | Net income or (lo | ss) from fundr | alsing ev | vents | | | | |
| 9a | Grass Income from | gaming activiti | les. | | | | | |
| | See Part V, line 19 | | | | | | | 100 |
| b | Less: direct exper | ises | . 9b | | | | | |
| c | Net income or (la | ss) from gami | ng activit | ties | | | | |
| | | | | | | | | |
| | Gross sales of invicetums and allow | | 10a | 1,276,29 | 6 | | | |
| 100 | Less: cost of good | | 108 | | | | | |
| | | | - | | 751,172 | 481,929 | 209,243 | t |
| - | Net income or (lo Miscellaneo | ous Revenue | or miven | Business Code | | | | |
| 11 | OTHER INCOME | | | 71391 | 14,144 | 14,144 | | |
| | | | | | | | | |
| ь | | | | | | | | |
| 0 | | | | | | 100000 | | |
| | | | | | | | | |
| c | | | | | | No. | | |
| | | | | | | | | |
| | All other revenue | | | | | | | |
| d | | | | | | | | |
| | Total. Add lines | 11a-11d . | | | 14,144 | | | |

| Statement of Functional Exper |
|-------------------------------|
|-------------------------------|

| Section 501(c)(3) and 501(c)(4) organizations must contains a response or note to an | | | | TOTAL PROPERTY AND ADDRESS OF THE PARTY OF T |
|---|-----------------------|------------------------------------|---|--|
| o 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 | | | 1 | |
| 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. | | | | -V |
| 4 Benefits paid to or for members | | | -8 | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | -17 | | |
| 7 Other salaries and wages | 2,768,249 | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | - | | | |
| 9 Other employee benefits | | | | |
| O Payroll taxes | 536,473 | 1 1 | | |
| 1 Fees for services (non-employees): | | 11 | | |
| a Management | 1 | 0.07 | | |
| b Legal | | | | |
| c Accounting | | - | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| | | | | |
| 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 | | | | |
| 3 Office expenses | N/A | | | |
| 4 Information technology | | | | |
| 5 Royalties | | | | |
| 6 Occupancy | Marie Control | | | |
| 7 Travel | 9 | | | |
| 8 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 9 Conferences, conventions, and meetings | | | | |
| D Interest | 23,544 | | | NE - E - E - |
| 1 Payments to affiliates | | | | |
| 2 Depreciation, depletion, and amortization | 130,393 | | | |
| 3 Insurance | 206,651 | | | |
| 4 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.) | | | | |
| a ADMINISTRATIVE OTHER | 1,028,325 | | | A Company |
| b GOLF COURSE MAINTENANCE | 973,878 | | | |
| c GOLF OPERATIONS OTHER | 141,139 | | | |
| d PROPERTY TAXES | 134,860 | | | |
| e All other expenses | 141,624 | | | |
| 5 Total functional expenses. Add lines 1 through 24e | 6,085,136 | | | |
| 6 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), | | | | |

Part X Balance Sheet

| | | | | (A) Beginning of year | (Files) | (B) End of year |
|------------------|-----|--|---|--------------------------|-----------------------|--|
| | 1 | Cash-non-interest-bearing | | 16,362 | 1 | 274,854 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 3 | No. of the last of |
| | 4 | Accounts receivable, net | | 1,095,407 | 4 | 287,994 |
| | 5 | Loans and other payables to any current or form | | | | 10011007 |
| | | key employee, creator or founder, substantial co- entity or family member of any of these persons | entributor, or 35% controlled | | 5 | provide the same of the |
| | 6 | Loans and other receivables from other disqualif section $4958(f)(1)$), and persons described in se | fied persons (as defined under ection 4958(c)(3)(B) | | 6 | A Charles and Application of the Color of th |
| S | 7 | Notes and loans receivable, net | | Control of | 7 | 10,111,01 |
| Assets | 8 | Inventories for sale or use | | 216,848 | 8 | 189,820 |
| 155 | 9 | Prepaid expenses and deferred charges | | 106,498 | 9 | 106,917 |
| 1 | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 2.737.161 | | | |
| | ь | Less: accumulated depreciation | 10b 2.339,822 | 397,260 | 10c | 397,339 |
| | 11 | Investments—publicly traded securities . | | | 11 | Darland. |
| | 12 | Investments—other securities. See Part IV, line | 11 | The second second | 12 | |
| | 13 | Investments-program-related, See Part IV, line | | All . | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 175,331 |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 1,832,375 | 16 | 1,432,255 |
| | 17 | Accounts payable and accrued expenses | | 790,365 | 17 | 945,829 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | 1,096,362 | 19 | 1,000.183 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete P | art IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons | | 22 | de malacina por tra V | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ted third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 | ayables to related third parties, | 426,680 | - | 221,749 |
| | | Complete Part X of Schedule D | | 0.040.407 | | 0.107.701 |
| .0 | 26 | Total liabilities. Add lines 17 through 25 . | • | 2,313,407 | 26 | 2,167,761 |
| or Fund Balances | 27 | Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions | neck here ▶ ☑ and | -481,032 | 27 | -735,508 |
| Bal | | | | 1401,002 | 777 | -733,300 |
| P | 28 | Net assets with donor restrictions | | | 28 | |
| r Fur | 20 | Organizations that do not follow FASB ASC complete lines 29 through 33. | | | 20 | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building or eq | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated inc | | | 31 | ****** |
| Net Assets | 32 | Total net assets or fund balances | | -481,032 | 32 | -735,506 |
| Z | 33 | Total liabilities and net assets/fund balances . | | 1,832,375 | 33 | 1,432,255 |

Form 990 (2020)

| | Reconcilliation of Net Assets | | | | |
|----|---|--------|---------|-----|-------------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | . : | | $\overline{\mathbf{V}}$ |
| | | | | - 1 | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 5 | ,964,185 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | - | - 6 | ,085,136 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1917 | | -120,95 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 1 | - | -481,032 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | -126,193 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | -7,330 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | - | -735,506 |
| Pa | art XII Financial Statements and Reporting | | | | 10.19 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | 1 | |
| * | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | Name of | 1 | |
| | Schedule O. | | 100 | | - 8.5 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 1 2 | | |
| | | | 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 | 2a | | No |
| | | on a | 2a | | No |
| ь | separate basis, consolidated basis, or both: | on a | 2a 2b | Yes | No |
| ь | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | | 2b | Yes | No |
| ь | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 | | 2b | Yes | No |
| | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: | | 2b | Yes | No |
| | separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | basis, | 2b | | No |
| c | separate basis | basis, | 2b | | No |

Additional Data

Software ID: Software Version:

EIN: 65-0065871

Name: THE MEADOWS COUNTRY CLUB INC

Form 990 (2020)

Form 990, Part III, Line 4a:

A PRIVATE COUNTRY CLUB PROVIDING SOCIAL, DINING, GOLF, TENNIS, SWIMMING, EXERCIZE, AND RECREATION FACILITIES TO ITS MEMBERS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data

DLN: 93493319018751

OMB No. 1545-0047

Inspection

(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 for instructions and the latest information.

Name of the organization

Employer identification number THE MEADOWS COUNTRY CLUB INC 65-0065871 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (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 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 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. 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. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

| Part | 111 | Organizations Maintaining Col | ections of Art, I | Histori | cal T | reasu | res, o | r Other | Similar Ass | ets (continu | ed) |
|------|--|--|---|----------------------|---------------------|--|----------------------|------------|--------------------------------|--|---------------|
| 3 | | the organization's acquisition, accession (check all that apply): | , and other records | , check | any of | the fo | llowing | that are | a significant us | e of its collec | tion |
| а | Lems | Public exhibition | | d | | Loan | or exch | ange pro | grams | | |
| b | | Scholarly research | | е | | Othe | - | | | | |
| c | | | | | | | | | | | |
| 4 | Provid | Preservation for future generations de a description of the organization's col | lections and explain | how the | ev furti | her the | organi | zation's | exempt purpose | e in | |
| 28/6 | Part > | CIII. | | | | | | | | | |
| 5 | Durin | g the year, did the organization solicit o s to be sold to raise funds rather than to | receive donations be maintained as p | of art, h | istorica ne orga | al treas | on's col | ection?. | | ☐ Yes [| No |
| Par | t IV | Escrow and Custodial Arrange Complete if the organization answ X, line 21. | ments. vered "Yes" on Fo | rm 990 |), Part | IV, li | ne 9, d | or report | ed an amoun | t on Form 9 | 990, Part |
| 1a | Is the | e organization an agent, trustee, custodi ded on Form 990, Part X? | an or other intermed | diary for | contri | ibution | s or oth | er assets | not | Yes | □ No |
| ь | If "Ye | es," explain the arrangement in Part XIII | and complete the f | ollowing | table: | | | | An | ount | |
| c | | nning balance | | | | | | 1c | | | |
| d | | ions during the year | | | | | | 1d | | | |
| e | | butions during the year | | | | | | 1e | | | |
| f | | ng balance | | | | | | 1f | | | |
| | | | | | | | | account ! | inhilibu2 | □ vaa | □ No |
| 2a | | he organization include an amount on Fo | | | | | | | | personal distribution of the contract of the c | NO |
| ь | THE OWNER OF THE OWNER OWNER OF THE OWNER OW | es," explain the arrangement in Part XIII | . Check here if the | explanat | ion ha | s been | provid | ed in Part | XIII | ш | |
| Pa | rt V | Endowment Funds. Complete if the organization answ | upred "Ves" on Fo | rm 996 | Part | TV. I | ne 10 | | | | |
| _ | | Complete if the organization answ | (a) Current year | | Prior ye | ar | (c) Two | years back | (d) Three year | s back (e) Fo | ur years back |
| 1a | Beginn | ning of year balance | 7 | | | | | | | | |
| | | butions | | | | | | | | | |
| | | vestment earnings, gains, and losses | | - | | | | | | | |
| | | or scholarships | | | | | | | | | |
| | Other | expenditures for facilities | | | | | | | | | |
| f | Admin | istrative expenses | | | | | | | | | |
| g | End of | year balance | | | | | | | | | |
| 2 | | de the estimated percentage of the curr | ent year end halanc | e (line 1 | a coli | umn (a |)) held | as: | | | |
| - | | d designated or quasi-endowment > | cite your one seraits | - (1111) | 91, | | *********** | 77. | | | |
| а | | nanent endowment > | | | | | | | | | |
| b | 1 | | | | | | | | | | |
| С | | n endowment | dd agust 100% | | | | | | | | |
| 3a | Are t | percentages on lines 2a, 2b, and 2c show there endowment funds not in the posse nization by: | | ation the | at are | held ar | nd admi | inistered | for the | Г | Yes No |
| | | Inrelated organizations | | | | | | | | 3a(i) | |
| | 100 | Related organizations | | | | | | | | 3a(ii) | |
| ь | If "Y | es" on 3a(ii), are the related organizatio | ns listed as required | on Sch | edule | R? . | | | | 3b | |
| 4 | Desc | cribe in Part XIII the intended uses of the | e organization's end | owment | funds | | | | | | |
| Pa | rt VI | | nt. | | 2 200 | No. of the last of | Division of the last | | | 2022 | |
| = | Descr | Complete if the organization ans ription of property (a) Cost or of (investment) | ther basis (b) Co | orm 99 st or othe | O, Par er basis | t IV, (other) | (c) A | a. See F | orm 990, Par d depreciation | | k value |
| 1a | Land | | | | | | | | | | |
| b | Buildi | ngs | | | | | | | | | |
| c | Lease | hold improvements | | | | | | | | | |
| | and the same | ment | | | 2, | 737,16 | | | 2,339,822 | | 397,33 |
| | | l lines 1a through 1e. (Column (d) must | anual Farm COO D | # V == | luma m. d | B) Ve | 10/01 | 1 | | | 397,33 |

| (a) Description of section (including name of | | (b) Book | (c) Me | thod of valuation: -of-year market value |
|--|--|-----------------|---------------------|---|
| | THE STREET | value | | and the same than a |
|) Financial derivatives) Closely-held equity interests | *:::::::: | | | |
|)Other | | - | | |
| 5) | | | | |
| | | | | |
| 2) | | | | |
| 1) | | | | |
| F) | A STATE OF THE STA | | | |
| S) | | | | |
| H) | Annual State of Contract Contr | | | |
| 0 | | | | |
| otal, (Column (b) must equal Form 990, Part X. c | ol. (8) line 12.1 | | | - 4 - 40 |
| Complete if the organizati | Related, on answered "Yes" on Form 99 | O, Part IV, III | ne 11c. See Form 99 | 00, Part X, line 13. |
| | ription of investment | | (b) Book vali | |
| 1) | | | | |
| 2) | 1000 | | | A CALL |
| 3) | 1.63 | | | |
| 4) | | | | 9 60 |
| 5) | | | 1 | |
| 6) | | - 4 | | |
| 7) | | ATT | | 7 |
| 8) | | 100 | 1 | |
| (9) | | 8 | | |
| (10) | | _ | | |
| Total. (Column (b) must equal form \$90, Part X. | on (A) one (1) | | | |
| Part IX Other Assets. | | | T. | |
| Complete if the organizati | on answered 'Yes' on Form 99 (a) Description | O, Part IV, III | 10. See Form 990 | (b) Book value |
| (1)WORK IN PROGRESS (2) | | | - | 175,33 |
| (3) | | | | |
| (0) | - | | | |
| (4) | | | | |
| (5) | | AV | | |
| (6) | | | | |
| (7) | | 07 | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X Other Liabilities. | Part X, col.(B) line 15.) . | | | ▶ 175,33 |
| Complete if the organizat | on answered 'Yes' on Form 9 | 90, Part IV, II | ne 11e or 11f.See F | orm 990, Part X, line 25. |
| 1. | (a) Description of liability | | | Book value |
| (1) Federal income taxes | | | | |
| (2) GIFT CERTIFICATES | | | | 6,909 5,864 |
| (3) DEPOSITS (4) CREDIT BOOKS | | | | 8,458 |
| (5) CAPITAL LEASE - CURRENT | | | | 71,266 |
| (6) CAPITAL LEASE - LONG TERM | | | | 125,600 |
| (7) PREPAID MEMBER DUES (7) | | | | |
| (8) | | | | |
| 2247 | | | 1177 | |
| (9) | | | | |

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

| | chedule | D : | (Form | 990) | 2020 |
|--|---------|-----|-------|------|------|
|--|---------|-----|-------|------|------|

Page 4

Schedule D (Form 990) 2020

| Pa | Reconciliation of Revenue per Audite Complete if the organization answered 'Y | | | | ue per Re | turn. | SELECTIVE SILE OF |
|------------|---|--|------------|---------------|--|---------|-------------------------|
| 1 | Total revenue, gains, and other support per audited fir | | | | A | 1 | 6,154,804 |
| 2 | Amounts included on line 1 but not on Form 990, Part | | | | HY | | 7,231,001 |
| a | Net unrealized gains (losses) on investments | | 2a | | 11 | | |
| b | | | 2b | | 4 | | |
| c | | | 2c | | | | |
| d | | | 2d | - 4 | 485,124 | | 0 |
| e | Add lines 2a through 2d | | | | | 2e | 485.124 |
| 3 | Subtract line 2e from line 1 | | | | AP- | 3 | 5,669,680 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but | not on line 1: | | | 4 | | |
| a | | | 4a | | | | |
| b | Other (Describe in Part XIII.) | | 4b | 90. | 294,505 | | |
| с | | | | | | 4c | 294,505 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Fo | | | | | 5 | 5,964,185 |
| Par | Reconciliation of Expenses per Audit Complete if the organization answered 'Y | ed Financial Staten | nents W | Vith Exper | The state of the s | etur | |
| 1 | Total expenses and losses per audited financial statem | A STATE OF THE PARTY OF THE PAR | | | | 1 | 6,570,260 |
| 2 | Amounts included on line 1 but not on Form 990, Part | IX, line 25: | | | | | |
| a | Donated services and use of facilities | | 2a | | | | |
| b | Prior year adjustments | | 2b | M | | | |
| c | Other losses | | 2c | 7 | | | |
| d | Other (Describe in Part XIII.) | | 2d | | 485,124 | | |
| e | Add lines 2a through 2d | A | | | | 2e | 485,124 |
| 3 | Subtract line 2e from line 1 | | | | | 3 | 6,085,136 |
| 4 | Amounts included on Form 990, Part IX, line 25, but n | ot on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part \ | VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | | 4b | | | | |
| с | Add lines 4a and 4b | | | | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal f | Form 990, Part I, line 18 | 3.) | | | 5 | 6,085,136 |
| Pa | art XIII Supplemental Information | | | | | | |
| Pro XI, | ovide the descriptions required for Part II, lines 3, 5, and , lines 2d and 4b; and Part XII, lines 2d and 4b. Also com | 9; Part III, lines 1a and | 4; Part I' | V, lines 1b a | nd 2b; Part | V, line | 4; Part X, line 2; Part |
| | Return Reference | | -0.0 | anation | | | |
| See | Additional Data Table | | | arracion. | | | |
| 200 | Traditional Data 10010 | | | | | | |
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| art XIII Supp | olemental Information (continu | ed) |
|---------------|--------------------------------|--|
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| | | Schedule D (Form 990) 2020 |
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V

Additional Data

Software ID: Software Version:

EIN: 65-0065871

Name: THE MEADOWS COUNTRY CLUB INC

Supplemental Information

| Return Reference | Explanation | | | |
|------------------|--|--|--|--|
| PART X, LINE 2: | THE CLUB HAS EVALUATED ITS TAX POSITION AND CONCLUDED THAT THE CLUB HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE INCOME TAX TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC). | | | |

Return Reference Explanation

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 485,124.

Return Reference Explanation

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAPITAL IMPROVEMENT FEES 294,505.

Return Reference Explanation

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD 485,124.

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

DLN: 93493319018751

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 for the latest information.

Inspection

Department of the Treasury Name of the of garleation
THE MEADOWS COUNTRY CLUB INC **Employer identification number**

65-0065871

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 3 | THE ORGANIZATION DELEGATES CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDE R THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES TO ICON MANAGE MENT, AN INDEPENDENT CORPORATION. |

| 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 |
|--|---|
| 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 INCLU DING ELECTING THE BOARD OF DIRECTORS, CHANGES IN ORGANIZATIONAL DOCUMNETS, APPROVAL OF SPE CIAL 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. | AND THE PERSON NAMED IN COLUMN TWO IN COLUMN |

| 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 | Explanation | |
|--|--|------------------------|
| Reference | | |
| 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 XI, LINE 9: | PY NET ASSET ADJUSTMENT - BILLY CASPER GOLF -7,330. |