

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization
THE ROUND HILL CLUB INCORPORATED

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
33 ROUND HILL CLUB ROAD

City or town, state or province, country, and ZIP or foreign postal code
GREENWICH, CT 06831

D Employer identification number
06-0516620

E Telephone number
(203) 869-2350

G Gross receipts \$ 14,055,544

F Name and address of principal officer:
JAMES E KNIGHT
33 ROUND HILL CLUB ROAD
GREENWICH, CT 06831

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.RHCLUB.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1922

M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO OPERATE A CLUB EXCLUSIVELY FOR THE PLEASURE, RECREATION, AND OTHER NON-PROFIT PURPOSE OF ITS MEMBERS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	198
6 Total number of volunteers (estimate if necessary)	6	150
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	295,756
7b Net unrelated business taxable income from Form 990-T, line 39	7b	221,352

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,000	0
9 Program service revenue (Part VIII, line 2g)	9,276,234	9,423,565
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172,511	238,451
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,647,434	3,674,074
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,106,179	13,336,090
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,710,063	6,576,853
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,681,203	5,874,556
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,391,266	12,451,409
19 Revenue less expenses. Subtract line 18 from line 12	714,913	884,681
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	25,737,898	26,383,761
21 Total liabilities (Part X, line 26)	2,652,589	2,736,086
22 Net assets or fund balances. Subtract line 21 from line 20	23,085,309	23,647,675

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-10-21
Type or print name and title: JAMES E KNIGHT TREASURER

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date:
Check if self-employed PTIN: P00183769
Firm's name ▶ CONDON O'MEARA MCGINTY & DONNELLY LLP Firm's EIN ▶ 13-3628255
Firm's address ▶ ONE BATTERY PARK PLAZA Phone no. (212) 661-7777
NEW YORK, NY 10004

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO OPERATE A CLUB EXCLUSIVELY FOR THE PLEASURE, RECREATION, AND OTHER NON-PROFIT PURPOSE OF ITS MEMBERS; TO PROMOTE SOCIAL INTERCOURSE AMONG THEM; AND TO ENCOURAGE THEIR DEVELOPMENT AND ENJOYMENT OF GOLF, TENNIS, SWIMMING, AND OTHER GAMES AND SPORTS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

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

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a MEMBERSHIP DUES	Business Code 900099	7,016,763	7,016,763			
	b INITIATION FEES	900099	1,584,500	1,584,500			
	c CAPITAL IMPROVEMENT ASSESSMENT	900099	822,302	822,302			
	d						
	e						
	f All other program service revenue.						
	g Total. Add lines 2a-2f. ▶		9,423,565				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		185,589		185,589		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		52,862		
		7b Less: cost or other basis and sales expenses			0		
		7c Gain or (loss)			52,862		
	d Net gain or (loss) ▶			52,862		52,862	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a	3,714,236					
	b Less: cost of goods sold	10b	719,454				
c Net income or (loss) from sales of inventory ▶			2,994,782	2,937,477	57,305		
Miscellaneous Revenue		Business Code					
11a EMPLOYEE RETENTION PAYROLL TAX CR	900099		648,647			648,647	
b COVID-19 PAID SICK LEAVE CREDIT	900099		30,645			30,645	
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			679,292				
12 Total revenue. See instructions ▶			13,336,090	12,361,042	295,756	679,292	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	665,416			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,307,248			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,230			
9 Other employee benefits	1,049,478			
10 Payroll taxes	532,481			
11 Fees for services (non-employees):				
a Management				
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)	174,689			
12 Advertising and promotion				
13 Office expenses	1,062,701			
14 Information technology				
15 Royalties				
16 Occupancy	666,268			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,113,024			
23 Insurance	175,242			
24 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 GOLF COURSE OPERATIONS	678,255			
b OTHER SPORTING ACTIVITI	656,044			
c FOOD & BEVERAGE OPERATI	297,032			
d UNRELATED BUS. INC. TAX	51,301			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,451,409			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	32,627	1	28,100
	2 Savings and temporary cash investments	2,620,433	2	1,117,586
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	723,566	4	489,471
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	464,521	8	460,353
	9 Prepaid expenses and deferred charges	402,175	9	149,212
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	52,907,283		
	b Less: accumulated depreciation	29,703,787		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	623,822	15	935,543
16 Total assets. Add lines 1 through 15 (must equal line 33)	25,737,898	16	26,383,761	
Liabilities	17 Accounts payable and accrued expenses	898,762	17	516,190
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	25,850	23	26,312
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,727,977	25	2,193,584
	26 Total liabilities. Add lines 17 through 25	2,652,589	26	2,736,086
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	23,085,309	27	23,647,675
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	23,085,309	32	23,647,675	
33 Total liabilities and net assets/fund balances	25,737,898	33	26,383,761	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,336,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,451,409
3	Revenue less expenses. Subtract line 2 from line 1	3	884,681
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,085,309
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	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-322,315
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,647,675

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 06-0516620

Name: THE ROUND HILL CLUB INCORPORATED

Form 990 (2020)

Form 990, Part III, Line 4a:

TAX EXEMPT CLUB ACTIVITIES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER D CLARK PRESIDENT	2.00	X		X				0	0	0
JOHN C GAMMAGE JR VICE PRESIDENT	2.00	X		X				0	0	0
JAMES E KNIGHT TREASURER	2.00	X		X				0	0	0
JACQUELINE KEESHAN SECRETARY	1.00	X		X				0	0	0
HENRY A ASHFORTH III BOARD MEMBER	0.50	X						0	0	0
LANCE A BAKROW BOARD MEMBER	0.50	X						0	0	0
CURTIS BROCKELMAN BOARD MEMBER	0.50	X						0	0	0
MEREDITH FEURTADO BOARD MEMBER	0.50	X						0	0	0
TAYLOR GRAY BOARD MEMBER	0.50	X						0	0	0
SARAH GREENHILL BOARD MEMBER	0.50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MORGAN GREGORY BOARD MEMBER	0.50	X						0	0	0
CLARE HARRINGTON BOARD MEMBER	0.50	X						0	0	0
RICHARD LAWLER BOARD MEMBER	0.50	X						0	0	0
MICHAEL MAHAFFY BOARD MEMBER	0.50	X						0	0	0
BROOKS MELLY BOARD MEMBER	0.50	X						0	0	0
THOMAS B MELLY BOARD MEMBER	0.50	X						0	0	0
PARKER MCKEE BOARD MEMBER	0.50	X						0	0	0
DANIEL L MOSLEY BOARD MEMBER	0.50	X						0	0	0
STEPHEN SALYER BOARD MEMBER	0.50	X						0	0	0
ROBERT C VINCENT BOARD MEMBER	0.50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JASON VINTIADIS BOARD MEMBER	0.50	X						0	0	0
KELLY WATTS BOARD MEMBER	0.50	X						0	0	0
BRIAN G WALSH GENERAL MANAGER	40.00				X			326,267	0	26,211
SEAN FOLEY GREENS SUPERINTENDENT	40.00				X			279,921	0	33,017
JORGE JAVIER FERRIN KRANEWITTER TENNIS PROFESSIONAL	40.00					X		357,594	0	29,759
STEVEN A SCHARFF SQUASH PROFESSIONAL	40.00					X		325,964	0	33,848
JOSEPH CONNERTON GOLF PROFESSIONAL	40.00					X		300,042	0	20,256
DOMINIC E CALLA CHEF	40.00					X		175,378	0	8,147
DIANE PESSOLANO CONTROLLER	40.00					X		145,872	0	16,047

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE ROUND HILL CLUB INCORPORATED Employer identification number 06-0516620

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, grants, and end of year. Rows 5-6 for donor and grantee notification questions.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes (public use, natural habitat, open space, historic area, historic structure) and a table for conservation statistics (2a-d). Includes questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-b and 2 for reporting on art and asset collections.

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,009,714		1,009,714
b Buildings		30,665,577	15,011,411	15,654,166
c Leasehold improvements				
d Equipment		9,010,404	5,965,968	3,044,436
e Other		12,221,588	8,726,408	3,495,180
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,203,496

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMP. PLAN	935,543
(3) POST RETIREMENT BENEFIT LIABILITY	1,258,041
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,193,584

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	13,880,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	719,454	
e	Add lines 2a through 2d		2e	719,454
3	Subtract line 2e from line 1		3	13,160,871
4	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		
b	Other (Describe in Part XIII.)	4b	175,219	
c	Add lines 4a and 4b		4c	175,219
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,336,090

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

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

1	Total expenses and losses per audited financial statements		1	13,321,709
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		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	870,300	
e	Add lines 2a through 2d		2e	870,300
3	Subtract line 2e from line 1		3	12,451,409
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	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,451,409

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 06-0516620

Name: THE ROUND HILL CLUB INCORPORATED

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 719,454.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DEF. COMP. INVESTMENT INCOME 175,219.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 719,454. POST RETIREMENT BENEFIT ADJUSTMENT 150,846.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
THE ROUND HILL CLUB INCORPORATED

Employer identification number
06-0516620

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JORGE JAVIER FERRIN KRANEWITTER TENNIS PROFESSIONAL	(i)	354,594	3,000	0	10,012	19,747	387,353	0
	(ii)	0	0	0	0	0	0	0
2 STEVEN A SCHARFF SQUASH PROFESSIONAL	(i)	316,964	9,000	0	11,400	22,448	359,812	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN G WALSHE GENERAL MANAGER	(i)	326,267	0	0	11,626	14,585	352,478	0
	(ii)	0	0	0	0	0	0	0
4 JOSEPH CONNERTON GOLF PROFESSIONAL	(i)	279,042	21,000	0	0	20,256	320,298	0
	(ii)	0	0	0	0	0	0	0
5 SEAN FOLEY GREENS SUPERINTENDENT	(i)	244,421	35,500	0	10,417	22,600	312,938	0
	(ii)	0	0	0	0	0	0	0
6 DOMINIC E CALLA CHEF	(i)	156,178	19,200	0	0	8,147	183,525	0
	(ii)	0	0	0	0	0	0	0
7 DIANE PESSOLANO CONTROLLER	(i)	145,872	0	0	5,835	10,212	161,919	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	BRIAN WALSH, GENERAL MANAGER PARTICIPATES IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

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.

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

THE ROUND HILL CLUB INCORPORATED

Employer identification number

06-0516620

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ROUND HILL CLUB, INCORPORATED (THE "CLUB") WAS FORMED AS A MEMBERSHIP ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ANY STOCKHOLDER ATTENDING THE ANNUAL MEETING OF STOCKHOLDERS MAY NOMINATE ANOTHER STOCKHOLDER TO SERVE AS A MEMBER OF THE BOARD OF DIRECTORS, THE STOCKHOLDERS, OR THEIR PROXIES, THEN VOTE ON THE NOMINATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MAJOR CAPITAL ASSESSMENTS MUST BE APPROVED BY A MAJORITY OF THE STOCKHOLDERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE GENERAL MANAGER AND CONTROLLER REVIEW THE FORM 990 PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CLUB REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REQUESTING THAT DIRECTORS AND KEY EMPLOYEES REVIEW THE POLICY ON AN ANNUAL BASIS AND DISCLOSE ANY POSSIBLE CONFLICTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PERFORMANCE OF THE GENERAL MANAGER ("GM") WAS DETERMINED THROUGH A WELL-DEFINED AND RIGOROUS INTERNAL PROCESS THAT STARTED WITH MUTUALLY-AGREE (WRITTEN) PERFORMANCE OBJECTIVES AT THE BEGINNING OF THE YEAR, FOLLOWED BY REGULAR PERFORMANCE DISCUSSIONS WITH THE PRESIDENT OVER THE COURSE OF THE YEAR, FOLLOWED BY WRITTEN SELF-EVALUATION BY THE GM TOWARD YEAR END, FOLLOWED BY A WRITTEN PERFORMANCE EVALUATION OF THE GM CONDUCTED BY TWO MEMBERS OF THE BOARD OF DIRECTORS. COMPENSATION WAS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD (COMPRISING THE FOUR OFFICERS) BASED UPON A COMBINATION OF THE AFOREMENTIONED PERFORMANCE EVALUATION PROCESS AND A REVIEW OF COMPARABLE MARKET DATA FOR SIMILAR POSITIONS, AS PROVIDED BY OUR ACCOUNTING FIRM CONDON O'MEARA MCGINTY & DONNELLY LLP, AT LEAST BIANNUALLY, BUT ALWAYS AS REQUESTED. THE PROCESS FOR DETERMINING COMPENSATION FOR ALL KEY EMPLOYEES UTILIZED INDEPENDENT CONSULTANT SIBBALD ASSOCIATES, COMPARABILITY DATA PROVIDED BY CONDON O'MEARA MCGINTY & DONNELLY LLP AND THE CLUB MANAGERS ASSOCIATION OF AMERICA, IN ADDITION TO ESTABLISHED INTERNAL PROCESS FOR REVIEWING PERFORMANCE, AS DESCRIBED GENERALLY IN THE SCHEDULE O DISCLOSURE FOR PART VI, SECTION B. - QUESTION 15A.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	DEFERRED COMP. -175,219. GAIN ON STOCK TRANSACTIONS 3,750. POST RETIREMENT BENEFIT ADJUSTMENT -150,846.