EXTENDED TO JULY 15, 2020

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.

Open to Public Inspection

Form 990 (2018)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

7	For the 2	018 calendar year, or tax year beginning	SEP 1, 2018 and		AUG 31, 20)19	don
В	Check if applicable:	C Name of organization				entification number	
ſ	Address	ASSOCIATION FOR CORPO	DAME COOMME CO	OTTP.			
į	Name change	Doing business as	MAIE GROWIN - GRO	JUP	-	1 1060110	
Ĩ	Initial return	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite		L-1868118	
Ĩ	Final return/	125 S. WACKER DRIVE,	SUITE 3100	Noonysult		Imber 12-957-4286	
	termin- ated	City or town, state or province, country, a	G Gross receipts \$	23,289,	118		
Ĩ	Amended return	CHICAGO, IL 60606			H(a) is this a gro		, 1 10.
L	Applica- tion pending	F Name and address of principal officer: LC	OURA COOPER			nates? X Yes	☐ No
_		SAME AS C ABOVE				ates included? X Yes	
<u> </u>		ot status: 501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1)	or 527		ich a list. (see instruction	
		► WWW.ACG.ORG			H(c) Group exem	nption number 🕨 93	329
		ganization; X Corporation Trust ummary	Association Other	L Year	of formation: 195	4 M State of legal dom	ıicile; II
			ont pignificant authorities DDOM	OMB DE	WEL ODMEN	The strength	
3	al Al	efly describe the organization's mission or mo ND ACQUISITION FIELD	ist significant activities: FROM	OTE DE	AETOLWEUI.	IN MERGER	
Activition & Consumer	2 Ch	eck this box if the organization disc	continued its operations or dispos	ed of more	than 250/ of its		
3	3 Nu	mber of voting members of the governing boo				assets.	945
Ò	4 Nu	mber of independent voting members of the c			***************************************	4	938
ģ	5 Tot	al number of individuals employed in calenda	r year 2018 (Part V, line 2a)	**	***************************************	5	31
ij	6 Tot	al number of volunteers (estimate if necessar)	/)				$\frac{31}{2327}$
į	7a Tot	al unrelated business revenue from Part VIII, o	column (C), line 12				462.
_	b Net	unrelated business taxable income from Ford	n 990-T, line 38	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7b	0.
				Ĺ	Prior Year	Current Yea	ar
9	8 Cor				2,812,060		
Revenue	9 Pro	gram service revenue (Part VIII, line 2g)			20,031,115		
Œ	10 Inve	estment income (Part VIII, column (A), lines 3,	4, and 7d)		105,611		
	12 Tota	er revenue (Part VIII, column (A), lines 5, 6d, 8 al revenue - add lines 8 through 11 (must equa	Dort VIII. as lease (A) Esc. (C)	······	31,317		035.
	13 Gra	nts and similar amounts paid (Part IX, column	(A) lines 1.3)		22,980,103 137,722		
	14 Ben	efits paid to or for members (Part IX, column	(A) 11 A)			142,	
ø	45 Cale	ries, other compensation, employee benefits		·····	3,142,361		0.
Expenses	16a Prot	essional fundraising fees (Part IX, column (A),	line 11e)).	0.
e d	b Tota	l fundraising expenses (Part IX, column (D), lii	ne 25) >	0.			
Ú	17 001	er expenses (Part IX, column (A), lines 11a-11o	d, 11f-24e)		19,005,299	19,431,2	224.
	18 Tota	l expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		22,285,382		
		enue less expenses. Subtract line 18 from line	12		694,721		
IS OF	5				inning of Current Yea		-
let Assets	1				<u>17,080,127</u>		
et /	1	l liabilities (Part X, line 26)			3,080,663		324.
	22 Net	assets or fund balances. Subtract line 21 from	line 20		13,999,464	13,954,0	140.
		of perjury, I declare that I have examined this return	including accompanying echedules s	and statemen	ato and to the best of		
true,	correct, and	complete. Declaration of preparer (other than offic	er) is based on all information of which	anu staternen h preparer b	its, and to the best of	my knowledge and belief	, it is
		\mathcal{L}		or property to	as any knowledge.		
Sign		Signature of officer	cooper		Date	-7 1	
Here		LOURA COOPER, VP OF FI	NANCE /		07	7/13/2020	2
		Type or print name and title					
D-14	l	Type preparer's name	Preparer's signature	Da		PTIN	
Paid		IES R. THOMAS	JAMES R. THOMAS	<u> </u>	7/01/20 self-emp		
Prep Use (<u> </u>	s name CLIFTONLARSONALL			Firm's EIN 🕨	41-074674	9
USE (Jilly FIFM	s address 1301 WEST 22ND S)			
May	the IRS die	OAK BROOK, IL 60 ccuss this return with the preparer shown abo			Phone no. (630) 573-86	
	II to tale	2000 ting return with the brebater Shown abo	ve r (see mstructions)			X Yes	No

For	m 990 (2018) ASSOCIATION FOR CORPORATE GROWTH - GROUP 91-1868118 Page
	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO PROMOTE THE PROFESSIONAL AND BUSINESS INTERESTS OF THE ASSOCIATION
	FOR CORPORATE GROWTH MEMBERS BY PROVIDING ACCESS TO KNOWLEDGE AND
	BUSINESS OPPORTUNITIES THROUGH NETWORKING, COMMUNICATIONS AND FORUMS
	RELATED TO BOTH INTERNAL AND EXTERNAL CORPORATE GROWTH, EFFECTIVELY
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	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 X No
4	If "Yes," describe these changes on Schedule O. 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 \$
	MONTHLY MEMBERSHIPS MEETINGS AND SEMINARS - SEE PART VIII FOR BREAKDOWN
	OF REVENUE BY CATEGORY
	CITTA DIVIDE A CONTINUE TO A C
	CHAPTER ACTIVITIES AND MEETINGS PROVIDE THE FORUM THROUGH WHICH THE
	ASSOCIATION OBJECTIVES ARE FULFILLED, CHAPTER MEETINGS/ACTIVITIES
	FOSTER NETWORKING FOR MEMBERS OF THE ASSOCIATION AND PROVIDE MEMBERS WITH THE OPPORTUNITY TO:
	WITH THE OTTOKIONITY TO.
	(A) GAIN NEW IDEAS FROM SPEAKERS, SEMINARS AND DISCUSSION WITH PEOPLE
	WORKING IN THE FIELD OF CORPORATE GROWTH AND
	(B) DEVELOP ADDITIONAL SKILLS AND TECHNIQUES WHICH WILL CONTRIBUTE TO
	THE GROWTH OF THEIR RESPECTIVE ORGANIZATIONS AND
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) (Revenue \$)
	Other program coniese (Describe in Cabadula O.)
ru	Other program services (Describe in Schedule O.) (Expenses \$ including greats of \$) (Revenue \$
le .	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶
<u></u>	Form 990 (2018)
วกกว	Form 990 (2018)

			Ye	s No
1	The state of the s			
_	If "Yes," complete Schedule A	1	. 	X
2	5. American de Complete denerale di Contributors	2	—	X
3	and the state of t	1	}	1
4	public office? If "Yes," complete Schedule C, Part I	3		X
7	The state of the s	1		ĺ
5	during the tax year? If "Yes," complete Schedule C, Part II	4	┿	
J	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			١
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1 _	1	,,
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	┿┈	X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	1	,,,
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	┼—	<u> </u>
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1	İ	, ,
9	Schedule D, Part III	8	┼	X
3	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1	1	-
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	If "Yes," complete Schedule D, Part IV	9	╂	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			١.,
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
,,	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.			
	• •	13373		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		.,	
h	Part VI	11a	X	ļ
U	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		i .	١.,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	 	X
·	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			١,,
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u		l		ļ "
۵	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	37	X
f		11e	Х	├─-
•	the organization's separate or consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	·	40-		v
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		X
13	The Africa control of the first term of the control	12b	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	446		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
-	1c and 8a? If "Yes," complete Schedule G, Part II	40	ļ	х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes."	18		
	· · · · · · · · · · · · · · · · · · ·	40	1	У
0a	Complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		$\frac{x}{x}$
	If "Voe" to line 200, did the exercise time ettach a convention which discussed in a visit of the second at the exercise to line 200.	20a		<u></u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
-	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	.	х	
	The state of the s	21	Δ	

Yes Νo 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 Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 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 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 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 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 X 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 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 X Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 293 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 832004 12-31-18 Form 990 (2018)

ASSOCIATION FOR CORPORATE GROWTH - GROUP
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

_				Yes	No
2	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	31			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
38	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		E GREE	i kalug	all it
	a desired and a second of the first the feet to the fe		_3a_	X	ـــــ
	, and the second of the second		<u>3b</u>	X	↓
70	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)? If "Yes," enter the name of the foreign country:		4a	1 2011	X
•		- 1			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ŀ			34(.41).
b		├	5a	<u> </u>	X
c	: If "Yes" to line 5a or 5h, did the organization file Form 9896 To	··· ├	<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	։	<u>5c</u>		├
				↓	
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	··	6a	X	
	were not tax deductible?		^ L	x	
7	Organizations that may receive deductible contributions under section 170(c).		6b	<u> </u>	19833741
а	BILLI LANGE CONTRACTOR OF THE	o F	70	gittingt.	HORFUE:
b			7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	·	70		
	to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	÷.		50 kg (
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	+	7e	4.8.02.03	PRESIDENT.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	" _	71		
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	$\neg \neg$	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		445	100,200	o Table
	sponsoring organization have excess business holdings at any time during the year?	ľ	8		***************************************
9	Sponsoring organizations maintaining donor advised funds.	14			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b_		
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
Ω-	amounts due or received from them.)				
∠a ⊾	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	3a	7 lan	
h	Note. See the instructions for additional information the organization must report on Schedule O.				
IJ	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	-10			
u 4a	Enter the amount of reserves on hand Did the organization receive any payments for indeed the property for indeed the propert				
ли b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report those payments?" (""Yes " has it filed a Form 720 to report those payments?" (""Yes ")		4a	_ .	X
5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	4b		
_	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?	1			
	excess paracnute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	1	5		X
		\vdash	-	e terr sé	
-	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	1	6	Sign dia	X
	ii 163, complete i offit 4720, ochledule O.	1			#

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

Se	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management			X
==	Storral deverting body and Management		ان -	Т
18	Enter the number of voting members of the governing body at the end of the tax year 1a 945	SECTO	Yes	No
	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.			
t	Enter the number of voting members included in line 1a, above, who are independent 1b 938			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	1555(0)
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			┼
	of officers, directors, or trustees, or key employees to a management company or other person?	3	x	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	$\frac{\Lambda}{X}$	├
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 ^ `	Х
6	Did the organization have members or stockholders?	6	+	X
7a			 -	<u> </u>
	more members of the governing body?	7a	X	ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a	 ^	-
	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	Integration
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	 ^	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		_^
	the internal revenue code;		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>104</u>		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Cara		41
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	9,40,350
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			BS-B
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO Evocutive Dispeter or ten programme to the interest of	15a	х	<u></u>
b	Other officers or less employees of the sure of the	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1,88
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	Signal.		
	tayable entity during the year?	16a	х	- 1751334
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		65 Å. I	Maj.
	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	Х	
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s or	nly) a	vailable	·
	for public inspection. Indicate how you made these available. Check all that apply.	,, ~		•
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and file	nancia	ıt	
	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			
,	LOURA COOPER - 312-957-4286			
	125 S. WACKER DR, SUITE 3100, CHICAGO, IL 60606			

832006 12-31-18

Form **990** (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga T	aniza			mpe	nsa		lirector, or trustee.	·
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		(do not check more than or box, unless person is both officer and a director/truste					Reportable	Reportable compensation	Estimated
	hours per week							compensation		amount of
	(list any	Į	T	Г			ΤŤ	- from	from related	other
	hours for	direc	1	1		_	i	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trustee or director	stee			age eg		(W-2/1099-MISC)	(***2/1099-101130)	organization
	organizations	i g	Institutional trustee		3ÅG6	ed E		(** = *********************************		and related
	below	Individual	tution		id iii	est	<u> </u>			organizations
	line)	薑	lusi	Officer	Key employee	Highest compensated employee	F.			3
(1) SEE ATTACHED FOR INDIVIDUAL	1.00	ļ				İ		<u> </u>		
CHAPTER BOARD LISTS	1	X	ļ	<u> </u>	<u> </u>	<u> </u>	L	0.	0.	0.
(2) CRAIG A. MILLER	40.00								-	
CEO (CHICAGO)	40.00	<u> </u>	Ш	X	_	<u> </u>	ļ	201,548.	0.	17,698.
(3) BILL WEBSTER	40.00									
CEO (LOS ANGELES)	 	Ш		Х	Ĺ	<u> </u>		222,430.	0.	<u> 15,968.</u>
(4) ROBERT BLUMENFELD	40.00						İ			·
(5) MELANIE BRANDT	40.00	Ш			X	<u> </u>		234,842.	0.	34,238.
EXECUTIVE DIRECTOR (ATLANTA)	40.00		ĺ							
(6) CHRISTINE DANCAUSE	40.00				X	_		173,804.	0.	25,124.
EXECUTIVE DIRECTOR (BOSTON)	40.00	ŀ				, ,		400 40-		
(7) NATALIE O'HANNA	40.00		\dashv			Х		128,135.	0.	5,541.
EXECUTIVE DIRECTOR (DALLAS)	40.00	- 1	ŀ			х		155 667		
(8) MORGAN ROLLO STONE	40.00	\dashv		\dashv		^		155,667.	0.	6,184.
EXECUTIVE DIRECTOR (HOUSTON)	10.00		ı			x		141,077.		10 100
(9) KATHERINE NEWLAND	40.00		_	寸			\dashv	T4T'011'	0.	18,180.
EXECUTIVE DIRECTOR (NATIONAL CAPITAL					l	$ \mathbf{x} $		110,442.	0.	10 500
(10) DRUE FREEMAN	40.00	十	\dashv	\dashv	\neg			110,112.		12,533.
EXECUTIVE DIRECTOR (SILICON VALLEY)				- 1		\mathbf{x}		118,000.	0.	0.
		寸	寸	\exists	ヿ					<u> </u>
		İ								
				\top			7			
							İ			
		\top		T	\neg		T			
			_		ĺ					
		\perp							1	
		-					i			···
		_	4	4			_			
ļ										
		_	+	4	\downarrow	\dashv	_			
ŀ						- [1	
				\perp	\perp					

832007 12-31-18

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
GMW MANAGEMENT LLC 276 TELLER RD, MONROE, CT 06468	ADMINISTRATIVE AND MANAGEMENT SERVICES	452 004
GOTHAM HALL OPERATING ENTITY, LLC 1356 BROADWAY, NEW YORK, NY 10018		452,004.
CHRAFTPR, 3208 E. CHARLINDA STREET, WEST	EVENTS CONFERENCE	233,029.
GAYLE STEWART ENTERPRISES INC, 1405 WARNER	COORDINATOR ASSOCIATION	225,860.
AVENUES, SUITE B, TUSTIN, CA 92780 RITZ-CARLTON HOTEL COMPANY	MANAGEMENT	186,072.
P.O. BOX 403003, ATLANTA, GA 30384 2. Total number of independent contractors (including but not limited to those lists	MEETING LOCATION	169,358.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 11	d above) who received more than	

Form 990 (2018)

			Check if Schedule O con	tains a re	sponse	or note to any i	ine 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	
율.	9	1 a	Federated campaigns		1a						
į.		b	Membership dues		1b	2,933,102					
0	ğ	¢	Fundraising events		1c						
# 1	d Related organiza				1d						
اری	Ĭ	е	Government grants (contribut		1e						
50	7	f	All other contributions, gifts, gran	nts, and					riceres establication and confi		
ž č			similar amounts not included abo	ve	1f						
Ę	3	g	Noncash contributions included in lines							La Server de le recons	
Contributions, Gifts, Grants	1		Total. Add lines 1a-1f			>	2,933,102.			gersage during a	
						Business Cod	e				
Program Service Revenue	2	2 a	MAJOR CONFERENCES			541900	7,889,826.	7,880,364.	9,462.		
		b	REGULAR MEETINGS			561000	4,037,336.				
Se		c	GENERAL SPONSORSHIPS			541800	3,140,406.	 		3,140,406.	
E a		d	PROGRAM SPONSORSHIPS			541800	2,890,608,			2,890,608.	
P. C.	1	е	OTHER EVENTS			900099	2,142,000.	2,142,000.			
7		f	All other program service reve	nue	······				 	<u> </u>	
			Total, Add lines 2a-2f				20,100,176,				
	3		Investment income (including	dividend	s, intere	est, and					
			other similar amounts)				223,172.	i		223,172.	
	4		Income from investment of tax				11,933.			11,933.	
	5		Royalties			•				· · · · · · · · · · · · · · · · · · ·	
	i		•	(i) R		(ii) Personal	\$25.50 Service 125	svijeves kielekom elekti		ineliai arangak	
	6	а	Gross rents								
		ь	Less: rental expenses	-							
	İ		Rental income or (loss)								
			Not rontal income or (loca)				6 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			re to technology the word of the	
	7		Gross amount from sales of	(i) Secu		(ii) Other		History for the birth			
			assets other than inventory			, , ,					
		b	Less: cost or other basis								
			and sales expenses								
			Gain or (loss)								
			Net gain or (loss)					3. A. W. W. W. W. W. W. W. W. W. W. W. W. W.			
اہ			Gross income from fundraising						Garlie III talin 1830 da	laideac - paradirigas	
ng.			including \$	of							
Ş			contributions reported on line	1c). See							
Other Reven			Part IV, line 18	•	а			araris e incluire			
홅			Less: direct expenses								
0			Net income or (loss) from funda						,		
			Gross income from gaming act	_	1						
			Part IV, line 19						francesje best		
İ			Less: direct expenses								
ı			Net income or (loss) from gamin)					
			Gross sales of inventory, less re	-							
			and allowances		а						
			Less: cost of goods sold								
			Net income or (loss) from sales				7.30.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		- 2480 - FAST - SAT 125 18 2 19 3	*** = **	
ſ			Miscellaneous Revenue			Business Code					
Ī	11 :	a l	MISCELLANEOUS		-	900099	21,035.	21,035.		20 a 1 (20 to 15 to 20 t	
j		b.					,				
		c.			-						
]		-	All other revenue								
		e -	Total. Add lines 11a·11d			•	21,035.		iste ja ja tajatatus s		
	12		Total revenue. See instructions				23,289,418.	14,080,735.	9 462	6,266,119.	

	Check if Schedule O contains a responsion of include amounts reported on lines 6b,	(A)	T this Part IX	(C)	403
_7	b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organization.	Į.			
	and domestic governments. See Part IV, line 21	57,600.	<u> </u>		
2					
	individuals. See Part IV, line 22	85,100.			
3	and a second and to longit				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4					
5					
	trustees, and key employees	1,930,370.	İ		
6				 	
	persons (as defined under section 4958(f)(1)) and	le			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,267,574.			
8	Pension plan accruals and contributions (include			 	
	section 401(k) and 403(b) employer contributions)	38,822.			
9	Other employee benefits	104,034.			
10	Payroll taxes	259,629.		ļ	
11	Fees for services (non-employees):	439,049.		<u> </u>	
 a		2 177 075			
b		3,177,975.		<u> </u>	
		29,308.			
d	Accounting	327,513.			
		40,656.			
e	The state of the s				
f -	Investment management fees	29,504.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	178,875.			
12	Advertising and promotion	515,699.			
13	Office expenses	243,054.			
14	Information technology	92,545.			
15	Royalties	45.	-		
16	Occupancy	212,398.			
17	Travel	191,884.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	18,837.			
19	Conferences, conventions, and meetings	13,571,518.			
20	Interest		·····		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,583.			
23	Insurance	13,874.		·	
24	Other expenses, Itemize expenses not covered			Biblios Care, de La Carter S	
	above. (List miscellaneous expenses in line 24e of line la				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK CHARGES	256,903.			
	OFFICER/BOARD MEETINGS				
	MEMBERSHIP EXPENSE	172,138.			
	AWARDS	124,055.			
		82,625.			
	All other expenses	138,235.			
	Total functional expenses. Add lines 1 through 24e	23,174,353.			
	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)	1	1	i	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 7,418,919. 7,689,109. 1 Savings and temporary cash investments 6,155,563. 2 2 6,725,562. 3 Pledges and grants receivable, net 14,000. 3 6,140. Accounts receivable, net 1,273,749. 894,586. 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 228,400. 7 95,925. Inventories for sale or use 6,590. 8 Ο. 1,430,125. Prepaid expenses and deferred charges 381,668. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _______10a 141,212. b Less: accumulated depreciation 10b 22,366. 10c 36,567. Investments - publicly traded securities 11 493,593. 11 766,348. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 36,822. 15 31,959. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17,080,127. 17,627,864. 16 Accounts payable and accrued expenses 17 441,131. 754,598. 17 18 Grants payable 5,364. 18 0. 19 Deferred revenue 2,634,168. 2,914,815. 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 4.411. Total liabilities. Add lines 17 through 25 3,080,663. 3,673,824. 26 Organizations that follow SFAS 117 (ASC 958), check here
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here \[X \] and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 0. 30 Paid in or capital surplus, or land, building, or equipment fund 31 31 0. Retained earnings, endowment, accumulated income, or other funds 13,999,464. 32 13,954,040. 32 Total net assets or fund balances 33 13,999,464. 33 13,954,040. Total liabilities and net assets/fund balances 17,080,127.17,627,864.

Form 990 (2018)

Both consolidated and separate basis

Х

2¢

За

Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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.

OMB No. 1545-0047 18 Open to Public Inspection

Name of the organization

ASSOCIATION FOR CORPORATE GROWTH - GROTTE

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes T
6	Did the organization inform all grantees, donors, and donor ad	fvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		□ Vos □
Рa	Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Y
а	Total number of conservation easements		
b	Takal a		
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not on a historic structu	ire
	listed in the National Register	and the street of a first of a fi	2d
3	Number of conservation easements modified, transferred, release	ased extinguished or terminated by the	organization during the tay
	year >	incompanients, or commuted by the	organization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perior	dic manitoring inspection handling of	
	violations, and enforcement of the conservation easements it h		Yes
3	Staff and volunteer hours devoted to monitoring, inspecting, ha		Yes
	>	and and of the lations, and emoleting cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	or of violations, and enforcing conseque	tion assaments during the view
	▶ \$	ig of violations, and emoleting conservat	non easements during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170/	-)/4)/(D)/()
	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(1)(4)(B)(i)
)	In Part XIII, describe how the organization reports conservation	assements in its revenue and evenue	Yes N
	include, if applicable, the text of the footnote to the organization	n'e financial statements that describes t	statement, and balance sneet, and
	conservation easements.	n a mancial statements that describes t	ne organization's accounting for
	III Organizations Maintaining Collections of A	rt. Historical Treasures, or Otl	her Similar Assets
	Complete if the organization answered "Yes" on Form 99	90 Part IV line 8	ner Ominar Assets,
la l	f the organization elected, as permitted under SFAS 116 (ASC		
ı	nistorical treasures, or other similar assets held for public exhibit	ition, education, or research in further and	ent and balance sheet works of art,
1	he text of the footnote to its financial statements that describes	s those items	ice of public service, provide, in Part XIII,
Ы	f the organization elected, as permitted under SEAS 116 (ASC)	050) to separt in its value and statement	
t	f the organization elected, as permitted under SFAS 116 (ASC s	eso, to report in its revenue statement	and balance sheet works of art, historical
,	reasures, or other similar assets held for public exhibition, educ elating to these iterns:	auon, or research in turtherance of pub	lic service, provide the following amounts
1	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
	***************************************		▶ \$
	f the organization received or held works of art, historical treasu	res, or other similar assets for financial	gain, provide
2 -	he following amounts required to be reported under SFAS 116 ((ASC 958) relating to these items:	
a F	Revenue included on Form 990, Part VIII, line 1		\$
b /	assets included in Form 990, Part X		
4 F	or Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Schedule D (Form 990) 201

832051 10-29-18

Schedule D (Form 990) 2018

	nedule D (Form 990) 2018 ASSOCIA	ATION FOR C	CORPO	RATE G	ROWTH	GR	OUP	91-1	868118	Page
	art III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures,	or Oth	er Sin	nilar Asse	ts (continu	ued)
3		sion, and other recor	ds, chec	k any of the	following th	nat are a	significa	ant use of its	collection i	tems
	(check all that apply):									
4	Public exhibition		d 🔲	Loan or ex	change pro	grams				
ı	Scholarly research		е 🔲	Other						
(Preservation for future generations									
4	Provide a description of the organization's of	ollections and expla	in how ti	nev further t	he organiza	tion's ex	empt pu	rpose in Pa	rt XIII.	
5	During the year, did the organization solicit	or receive donations	of art. h	storical trea	sures, or of	her simil:	ar asset:	8		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a. accor.	Г	Yes	□ No
Pε	reported an amount on Form 990, Pa	gements. Comp	lete if th	e organizatio	on answere	d "Yes" o	n Form	990, Part IV	line 9, or	<u>No</u>
10										
16	Is the organization an agent, trustee, custod								_	
	on Form 990, Part X?						•••••	L	Yes	L No
	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing 1	table:			_			
							_		Amount	
C	<u> </u>					• • • • • • • • • • • • • • • • • • • •	_1	c		<u> </u>
d	Additions during the year			***************************************			1	d		
е							1	e		
f	Ending balance						1	f		
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acc	ount liabi	ility?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	n has been	provided or	Part XIII				
Pa	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	rm 990, Pa	rt IV, line	10.			
		(a) Current year		rior year				ee years back	(e) Four vi	ears back
1a	Beginning of year balance							· · · · · · · · · · · · · · · · · · ·	(5).55.7	Jaro Babit
þ	Contributions				i		 		 	
С	Net investment earnings, gains, and losses						·			
d	Grants or scholarships						<u> </u>		<u> </u>	
е	Other expenditures for facilities									
•	and programs									
f	Administrative expenses		! !							
			_	 					 	
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	_	, column (a)) held as:					
	Board designated or quasi-endowment		%							
	Permanent endowment									
C	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c shou	•								
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that	are held an	d administe	red for th	ie organ	ization		
	by:								Ye	s No
	(i) unrelated organizations	***************************************							3a(i)	
	(ii) related organizations	*******************************							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment fu	ınds.						
Par	t VI Land, Buildings, and Equipme	ent.				***		· · · · ·		
	Complete if the organization answered	"Yes" on Form 990	. Part IV.	line 11a Se	e Form 990	Part X	line 10			
	Description of property	(a) Cost or of		(b) Cost			ccumula	,tod	/al\ Do ali	
	a company or property	basis (investm		basis (٠.	preciatio		(d) Book va	aiue
	Land		.57.10	Daoio (t	24101/	11 Jan 12	o colaile	na selegione	·	
	Land					atainagilli (19		,#107618.14.		
-	Buildings	·			1 240		77.6	10		
	Leasehold improvements				1,348.		74,3			0.
	Equipment	.		103	3,431.		66,8	364.	36,	567.
	Other									
Total.	Add lines 1a through 1e. (Column (d) must ea	ual Form 990, Part X	C.columr	n (B), line 10	c.L				36,	567.

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 ASSOCIATION FOR CORPORA'	TE GROWTH - G	ROUP 91-1868118	Page '
[Pai	t XI Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, lin	ements With Reven	ue per Return.	
1	Total parameter and self-			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	······································	1	
a		! _ 1	#9501553 7 300 8 55 56501555	
	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	<u>2b</u>		
C .	Recoveries of prior year grants	2c	500000 (20) 100000000000000000000000000000000000	
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2e	
3	Subtract line 2e from line 1	***************************************	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		6	
Par	XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	iooo poi riotarii.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0.000	
	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	20	43.53	
d	Other (Describe in Part XIII.)	2c		
e	Add lines 2a through 2d	2d		
3	Add lines 2a through 2d		2e	
4	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
ai	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	5	
rait	Aiii Supplemental information.		*	
nes 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Find and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.	art v, iii e 4, Part A, iii e 2, Part Ai,	
		· · · · · · · · · · · · · · · · · · ·		
	······································			
		<u></u>		
-				
				_
				
	00.40			

SCHEDULE (Form 990)

Department of the Treasury

internal Revenue Service

Parti

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection 91-1868118

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Go to www.irs.gov/Form990 for the latest information. GROUP ASSOCIATION FOR CORPORATE GROWTH General Information on Grants and Assistance Name of the organization

criteria used to award the grants or assistance?	stance?					ממינים, ביום מופ אמפטוסוי		Г
ōL	ocedures for monit	oring the use of grant	funds in the United	States.			☐ Aes ☐	2
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correction of the Conference of the Co	Domestic Organia \$5.000, Part II can	zations and Domestic be duplicated if additive	: Governments. Constants is poorly	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any additional space is needed.	IV, line 21, for any	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
VCU SCHOOL OF BUSINESS FOUNDATION 1015 FLOYD AVE RICHMOND, VA 23284	20-2661802	501(C)(3)	6,000.	0			RDICAGEON	
OFFICE OF ADVANCE PLACEMENT UNIVERSITY OF RICHMOND - 28 WEST HAMPTON WAY - RICHMOND, VA 23173	54-0505964 501(C)(3)	501(C)(3)	5,000.	0			RDICAGTON	
RAINIER SCHOLARS 2100 24TH AVE S., STE. 360 SEATTLE, WA 98144	91-2045918 501(C)(3)	501(C)(3)	7,000.	.0			SCHOLARSHIP	
EASTER SEALS 1420 SPRING STREET SILVER SPRINGS, MD 20910	53-0212296 501(C)(3)	501(C)(3)	10,000.	.0			CAPITAL FOR CHILDREN	
A PLACE CALLED HOME 2830 S. CENTRAL AVENUE LOS ANGELES, CA 90011	95-4427291	501(C)(3)	12,000.	0			HUMAN SERVICES	
CASA PACIFICA 1722 SOUTH LEWIS RD CAMARILLO, CA 93012	77-0195022 501(C)(3)	501(C)(3)	10,000.	0.			HUMAN SERVICES	

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Page 2 Schedule I (Form 990) (2018) (f) Description of noncash assistance 91-1868118 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance ٥. ASSOCIATION FOR CORPORATE GROWTH - GROUP 85,100. (c) Amount of cash grant 19 (b) Number of recipients 74 (a) Type of grant or assistance EDUCATIONAL SCHOLARSHIPS 832102 11-02-18 Part III

!

Schedule I (Form 990) (2018)

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

Open to Public Inspection

Name of the organization

ASSOCIATION FOR CORPORATE GROWTH - GROUP **Questions Regarding Compensation**

Employer identification number

91-1868118

	to Charlette annualitate best at the			<u>res</u>	NO
	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	90,	are di lan		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or recidence for persons.		an an		
	Trocking allowance of residence for persons	al use	\$. EX	wi d	
		dence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur		30.500	X (27) (15)	
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)	Silver.		
	h. If any of the hove on line to any should distribute the same of the house of the house of the house of the same				
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		2502253	118915	
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
-	and the second state of the second state of the second sec		J. Pier		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if any of the following the filter and the state of the				
·	and the compensation of the organization used to establish the compensation of the organization	n's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to	10.04651		
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract		34874.23		
			152.123		
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation com-	ımittee			
	Division the constraint of the				
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:		52.29		
8			4a		<u>X</u>
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
Ų	Participate in, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only continu E04/a/(0) E04/a/(4) and F04/ (400)				
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
9	contingent on the revenues of: The organization?				
b		***********	5a		
J	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		5b		
6					
٠	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			and the		
h			6a		
J	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		6b		
7					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
8	not described on lines 5 and 6? If "Yes," describe in Part III		7		
٥	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
9	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	į			Ada
LLA	Regulations section 53.4958-6(c)?		9		
ЦПА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I	/Form 0	00) 90	140

Schedule J (Form 990) 2018

Page 2

91-1868118 - GROUP ASSOCIATION FOR CORPORATE GROWTH

Schedule J (Form 990) 2018

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). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that aren't 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.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0-(D)	in column (B) reported as deferred on prior Form 990
(1) CRAIG A, MILLER	ε	201,54	0	0.	0	17,698.	219.246.	
(2) DIII MEDAMED	8	7	0	0	0.	0	٠l	
_	8	172,43	50,000.	0	0.	15,968.	238,398.	0
			0,	0	0	0.	0	0
==	€ 9	434,842.	0	0	0	34,238.	269,080.	0
(4) MELANTE BRAND		7 7 7	- 1	0	0	- 1	0.	0
	3	144,446.	29,362.	0	0	25,124.	198,928.	0
(5) NATALIE O'KANNA	a	127 16	- 1	0	0			0
<u> </u>	€ :		18,500.	0	0	6,184.	161,851.	0
(S) MORGAN DITION (S)		- 1	0.000	0	0		0	0
*	€ !	·//0'TTT	30,000.	0	0	18,180.	159,257.	0
EASCULIVE DIRECTOR (HOUSTON)		0	0	0	0	0	0	0
	€ :							
	€ :							
	9							
	€							
	9							
	€							
	₿							
	Ξ							
	₿							
	8							
	Ξ							
	≘							
	8							
	Ξ							
	8							
	€ (
	1							

Schedule J (Form 990) 2018

832113 10-26-18

SCHEDULE L

(Form 990 or 990-EZ)

Name of the organization

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ivame of the organization	3.000.00								Er	nploye	er ider	ntifica	tion n	umbe
Partil Excess Be	ASSUCT	ATI	ON FOR (OR.	PORA	TE GROWTH	<u></u>	GROUP	9	1-1	<u> 868:</u>	118		
Complete if th	o erresisedin	acti	Unio (section 5	501(c) -	(3), sec	ction 501(c)(4), and	501(c)(29) organizatio	ns onl	y).				
1	ie organization	anşv	vered "Yes" on	Form	1990, F	Part IV, line 25a or 2	25b, c	or Form 990-EZ, I	Part V	line 4	0b.		·	
(a) Name of disqualifie	d person	(0) 1	Relationship bei person and d			alified	(c)	Description of tra	nsacti	ion		(0) Corr	ected?
								·					Yes	No
														
			······································							 -		+	\dashv	
													- +	
												+		
												+		
2 Enter the amount of ta	x incurred by t	the or	ganization man	agers	or disc	qualified persons d	during	the year under						
section 4958										▶ \$				
3 Enter the amount of ta	x, if any, on lin	e 2, a	bove, reimburs	ed by	the or					\$				
Part II Loans to ar	od/or From	Into	vooted Daw											
Complete if the	organization	answe	ered "Yes" on i	Form !	990-EZ	, Part V, line 38a o	r Forr	n 990, Part IV, lin	ne 26;	or if th	e orga	nizatio	วก	
reported an am	(b) Relation				2. can to or	· · · · · ·			т		De la Ro			
interested person	with organiza		(c) Purpose of loan	fro	m the	(e) Original principal amount	, (f) Balance due) In ault?	(h) Ap by bo	ard or	117 "	/ritten
		- 1			From	principal dinodific	`		├		comn	<u>ittee?</u>		ment?
·				10	FIOIII	<u> </u>	+		Yes	No	Yes	No	Yes	No
		_		 	<u> </u>		- 		├—	}			 -	
						····	+		<u> </u>				-	
		\neg				······································	+		<u> </u>	\vdash				<u> </u>
							_		_					
							1				-			
		_												
														
							┷							
ntol					L.,	_ ,,	┸							
otal Part III Grants or As	ssistance F	ene	fiting Intere	etoc	Dore	• \$	<u> </u>					ilis III		5 (15610) -1342
Complete if the (a) Name of interested														
(L) / Tallio O/ Intologica	poison		Relationship b			(c) Amount of assistance	.	(d) Type (assistanc				Purpo ssista	ose of	
			the organizat]				а	SSISIA	lice	
						· · · · · · · · · · · · · · · · · · ·			_	+				
									·	\dashv				
							\neg			_				
													_	
· · · · · · · · · · · · · · · · · · ·								<u> </u>						
														
			-···				\dashv			_				
A For Panerwork Podical	lion Ant Marti-		Aba basa											
A For Paperwork Reduct	UUII AUI NOIIC	e, see	: me instructio	ons to	r Form	1990 or 990-EZ,		Sched	dule L	(Form	990 c	or 990	-EZ) 2	2018

(a) Name of interested person	red "Yes" on Form 990, Part IV, line 28a, 24 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
KELLY C LEE	CDOTICE OF FORVER OF	4 450		Yes	No
	SPOUSE OF FORMER OF	4,468.	ACCOUNTING		X
MARY CHRISTENSEN	SISTER OF EXECUTIVE	25,752.	ADMINISTRAT		Х
TOM PAQUETTE	FORMER OFFICER AND	8,542.	ACCOUNTING		Х
MINA TRUJILLO	RUNS ACG BUSINESS C	225,860.	CONFERENCE	_	X
NICOLE VINCENT	EXECUTIVE DIRECTOR,		STORAGE SER		X
GEORGI ALEXANDER	SISTER OF EXECUTIVE		ADMINISTRAT		X
JANET QUINN	BOARD MEMBER, PORTL		WEBSITE SER		X
ERIC WYGLE	BOARD MEMBER, COLUM		EVENT MARKE		X
MARGARET AMSDEN	BOARD MEMBER, DETRO		ACCOUNTING		X
MARK WINTER	BOARD MEMBER, DETRO		MARKETING &		X
Part V Supplemental Information.					
Provide additional information for re	sponses to questions on Schedule L (see in	nstructions).			

- SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
- (A) NAME OF PERSON: KELLY C LEE
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF FORMER OFFICER, PHILADELPHIA CHAPTER

- (D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICES
- (A) NAME OF PERSON: MARY CHRISTENSEN
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SISTER OF EXECUTIVE DIRECTOR, MINNESOTA CHAPTER

- (D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES, EVENT
- (A) NAME OF PERSON: TOM PAQUETTE
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER OFFICER AND TREASURER, CINCINNATI CHAPTER

- (D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICES
- (A) NAME OF PERSON: MINA TRUJILLO
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RUNS ACG BUSINESS CONFERENCE, MARKETING FOR BOARD PRESIDENT, LA CHAPTER

(D) DESCRIPTION OF TRANSACTION: CONFERENCE COORDINATION

Schedule L (Form 990 or 990-EZ) 2018

Part V Supplemental Information Complete this part to provide additional information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(A) NAME OF PERSON: NICOLE VINCENT
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
EXECUTIVE DIRECTOR, MINNESOTA CHAPTER
(D) DESCRIPTION OF TRANSACTION: STORAGE SERVICES
(A) NAME OF PERSON: GEORGI ALEXANDER
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SISTER OF EXECUTIVE DIRECTOR, MINNESOTA CHAPTER
(D) DESCRIPTION OF TRANSACTION: ADMINISTRATIVE SERVICES, EVENT
COORDINATION
(A) NAME OF PERSON: JANET QUINN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER, PORTLAND CHAPTER
(D) DESCRIPTION OF TRANSACTION: WEBSITE SERVICES
(A) NAME OF PERSON: ERIC WYGLE
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER, COLUMBUS CHAPTER
(D) DESCRIPTION OF TRANSACTION: EVENT MARKETING
(A) NAME OF PERSON: MARGARET AMSDEN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
BOARD MEMBER, DETROIT CHAPTER
(D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICES
(A) NAME OF PERSON: MARK WINTER
Schedule I (Form 990 or 990-F7)

Schedul Part \	e L (Form 990 or 99	0·EZ)	ASSOCI <i>I</i>	ATION	FOR (CORPORAT	E GRO	- HTWC	GROUP 91	-1868118	Page 2
Fait	331,131		ation								
									ee instructions).		
<u>(B)</u>	RELATIONSH	IP BETW	EEN IN	TEREST	CED P	ERSON A	ND OR	GANIZA	TION:		
BOAR	D MEMBER,	ስድሞ <mark>ድ</mark> ስተጥ	י רעא סייי	ED							
			-					<u> </u>			
<u>(D)</u>	DESCRIPTIO	N OF TR	ANSACT	ION: M	IARKE	TING & I	R SE	RVICES			
										··· ·	
						·					
 -		<u> </u>									
								<u></u>			
				·			 -	-	· · · · · · ·		
	···										
		· · · · · ·						-			
				·		 			· ,		
										<u> </u>	
					_						
								<u>.</u>			
									·		
				- -							
							 	<u> </u>			 -
		-				·		 -			·
											
					_					 	
								· · · · · · · · · · · · · · · · · · ·			
							-				
											

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-DD47
2018

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

Attach to Form 990.

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

ASSOCIATION FOR CORPORATE GROWTH - GROUP

Employer identification number 91-1868118

D.		- 0-1, 00	TEL OTELLE OF	CONTIL GI	OUP	37-1000110	<u> </u>
	art Types of Property	(a) Check if applicable	(b) Number of contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of determining noncash contribution amour	nts
1	Art - Works of art		nome contributed	1 OIII 330, Fait VI	ii, iiite ig		
2	Art · Historical treasures	· · · · · · · · · · · · · · · · · · ·					
3	Art - Fractional interests	<u> </u>					
4	Books and publications	 					
5	Clothing and household goods						
6	Cars and other vehicles		Section of the Contract of the				
7	Boats and planes				-		
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous			<u> </u>			
13	Qualified conservation contribution -						
	Historic structures				1		
14	Qualified conservation contribution · Other						
15	Real estate - Residential			-	-		
16	Real estate - Commercial						
17	Real estate · Other						
18	Collectibles				·		
19	Food inventory		·				
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (FINANCIAL ANA)	X	1	78	000 PE	R CONTRACT	
26	Other (TRADES WITH A)	Х	Ö	67	250 GE	RVICES ARE TRADE	<u> </u>
27	Other ()			<u> </u>	230.00	RVICES ARE IKADI	<u> </u>
28	Other (
29	Number of Forms 8283 received by the organize	ation during t	the tax year for cor	tributions			
	for which the organization completed Form 828				29		
	or and organization deliploted form obes	D, 1 (211.11)	AICC ACKIOWIEGGE	ment	29	To T	
30a	During the year, did the organization receive by	contribution	any property repo	tod in Port Llines	1 through OC	Yes	NO
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			-			W.
h	If "Yes," describe the arrangement in Part II.	***************************************					X
	Does the organization have a gift acceptance po	licy that rea	uires the review of	any popotondord a		1022 CARREST CARREST	<u> </u>
	Does the organization hire or use third parties or					31	X
				•			v
h	contributions? If "Yes," describe in Part II.				,,	32a	X
	-	uma /e\ f=:					
	If the organization didn't report an amount in col describe in Part II.	umm (c) for a	type of property to	or which column (a	ıs checked,		
HA		o Instructi					想等生
1/1	For Paperwork Reduction Act Notice, see the	ie instructio	ns for Form 990.			Schedule M (Form 990) ;	2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
ACG NEW YORK BARTERS A RESOURCE FINANCIAL ANALYST IN EXCHANGE FOR A
SPONSORSHIP AND THE BENEFITS ASSOCIATED THEREWITH.
CHRAFT PR, ACG LOS ANGELES' CONFERENCE COORDINATOR, DOES A NUMBER OF
TRADES WITH PUBLICATIONS FOR PARTICIPATION AT THE BUSINESS CONFERENCE
WITH ADVERTISING BARTERS.

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2018
Open to Public Inspection

Name of the organization

ASSOCIATION FOR CORPORATE GROWTH - GROUP

Employer identification number 91-1868118

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT LOCAL CHAPTERS IN ACHIEVING THEIR MEMBERSHIP, NETWORKING AND
PROGRAMMING GOALS AND STRENGTHEN THE PERCEIVED VALUE PROVIDED BY THE
ASSOCIATION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
(C) MEET OTHER CORPORATE GROWTH PROFESSIONALS WHO CAN PROVIDE COUNSEL
AND VALUABLE CONTACTS.
FORM 990, PART VI, SECTION A, LINE 2:
SEE SCHEDULE L FOR DESCRIPTION OF ANY OFFICER, DIRECTOR, TRUSTEE OR KEY
EMPLOYEES WITH A PERSONAL OR BUSINESS RELATIONSHIP WITH OTHER OFFICER,
DIRECTOR, TRUSTEE OR KEY EMPLOYEES.
FORM 990, PART VI, SECTION A, LINE 3:
VARIOUS CHAPTERS IN THE ORGANIZATION EMPLOY CONSULTANTS OR MANAGEMENT
COMPANIES TO PROVIDE ASSISTANCE WITH THE DAY-TO-DAY ACCOUNTING OPERATIONS.
FORM 990, PART VI, SECTION A, LINE 4:
UPON OCCASION, ONE OR MORE OF THE CHAPTERS REVIEW THEIR GOVERNING DOCUMENTS
AND MAKE CERTAIN UPDATES TO THEIR BYLAWS.
FORM 990, PART VI, SECTION A, LINE 7A:
ACG ALLOWS ITS CHAPTERS TO CHOOSE FROM ONE OF TWO OPTIONS AVAILABLE IN
DECIDING HOW ITS BOARD OF DIRECTORS IS CHOSEN:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Employer identification number ASSOCIATION FOR CORPORATE GROWTH - GROUP 91-1868118 1. BY A VOTE OF MEMBERS AT THE ANNUAL GENERAL MEETING OR 2. THE INCUMBENT BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD SHALL BE AUTHORIZED TO TAKE ANY ACTION REQUIRED OR PERMITTED TO BE TAKEN BY THE BOARD WITHOUT A MEETING IF ALL OF THE VOTING MEMBERS OF THE

BOARD CONSENT IN WRITING TO THE ADOPTION OF THE RESOLUTION AUTHORIZING THE ACTION. ANY SUCH ACTION SHALL BE IN WRITING. A "WRITING" SHALL INCLUDE ANY COMMUNICATION TRANSMITTED OR RECEIVED BY ELECTRONIC MEANS, INCLUDING EMAIL OR FACSIMILE, PROVIDED THAT SUCH WRITING IS SIGNED, WHETHER BY PHYSICAL OR ELECTRONIC SIGNATURE. FOR PURPOSES OF THESE BYLAWS, AN "ELECTRONIC SIGNATURE" MEANS A SIGNATURE IN ELECTRONIC FORM ATTACHED TO OR LOGICALLY ASSOCIATED WITH A RECORD GENERATED, COMMUNICATED, RECEIVED, OR STORED BY ELECTRONIC MEANS FOR USE IN AN INFORMATION SYSTEM OR FOR TRANSMISSION FROM ONE INFORMATION SYSTEM TO ANOTHER.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THIS RETURN IS REVIEWED BY THE ACG VP OF FINANCE BEFORE IT IS FILED. THIS REVIEW IS THE FINAL STEP IN THE RETURN PROCESS THAT BEGINS WHEN THE ACG VP OF FINANCE PROVIDES EACH CHAPTER WITH A FINANCIAL TEMPLATE THAT IS COMPLETED BY EACH CHAPTER'S TREASURER AND ADMINISTRATOR. THESE TEMPLATES ARE RETURNED ALONG WITH A DOCUMENT SIGNED BY THE CHAPTER PRESIDENT AND TREASURER THAT REPRESENTS THE COMPLETENESS OF THE FINANCIALS PROVIDED AND THE RESPONSIBILITY THAT EACH CHAPTER HAS IN REPORTING THEIR FINANCIAL INFORMATION FOR THE GROUP RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization ASSOCIATION FOR CORPORATE GROWTH - GROUP	Employer identification number 91-1868118
EACH INDIVIDUAL CHAPTER IS CHARGED WITH MONITORING AND	DISCLOSING ALL
POTENTIAL CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION FOR THE CEOS, EXECUTIVE DIRECTORS, AND ADM	MINISTRATORS OF ALL
45 CHAPTERS IS REVIEWED AND APPROVED BY EACH CHAPTERS'	BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL APPLICABLE INFORMATION IS MADE AVAILABLE TO THE PUB	BLIC ON THE
ASSOCIATION'S WEBSITE AS WELL AS UPON FORMAL REQUEST	
•	

SCHEDULE R (Form 990)

Name of the organization

Part

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

■ Attach to Form 990.

OMB No. 1545-0047 2018

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

- GROUP

ASSOCIATION FOR CORPORATE GROWTH

Employer identification number 91-1868118 Open to Public Inspection

Direct controlling entity $oldsymbol{arepsilon}$ End-of-year assets Total income <u>ত</u> Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) controlled Š × entity? Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year. Direct controlling entity status (if section Public charity 501(c)(3)) <u>@</u> Exempt Code section 501(C)(6) ত্ত Legal domicile (state or foreign country) ILLINOIS PROMOTE DEVELOPMENT IN THE MERGERS AND ACQUISITIONS Primary activity FIELD 13-6163137, 125 S WACKER DRIVE, SULTE 3100, ASSOCIATION FOR CORPORATE GROWTH, INC. Name, address, and EIN of related organization CHICAGO, IL 60606

Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

832161 10-02-18 LHA

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 ASSOCIATION FOR CORPORATE GROWTH - GROUP

Part III organization of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 91-1868118

Page 2

ogarizations treated as a partitional proming the tax year.	iriership during the ta	x year.					•			יי וכימוטר	
(e)	(Q)	<u> </u>	(P)	(e)		£	(5)	3	6		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under		total ne	of Year	Oisproportionate allocations?	Code V-UBI amount in box 20 of Schedule		(l) (k) General or Percentage managing ownership
		country)		PECTIONS OF C-214		:		Yes No	K-1 (Form 1065)	Yes No	
						-12					
					• .						
								-			
						•					
						_					
								-		+	
							_			_	
										-	
										_	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	anizations Taxable a	s a Corpoi g the tax y	or Trust.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	zation answe	ered "Yes" on F	orm 990, Part	IV, line 34,	because it had c	one or mo	e related
(a)			(9)	(c)	Đ	[e]	9		[3]	13	
Name, address, and EIN		Prim	ctivity		rolling	Type of entity		-		Ē	Section .
of related organization		!		(state or foreign country)		C corp, S corp, or trust)	snare of total		Share of Per end-of-year ow assets	Percentage ownership	
								+			Yes
										•	
									_	•	
											
			•								
											-

832162 10-02-18

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	윋		×	×	×		×	1	ا	×	×	×	×	×		×	×	X	×	×	10.00	×	×		×	×								2018
	Υes				_	×		225.34132.343																										066
		V.	1a	유	<u>၃</u>	7	9	200000		=	19	ŧ	Ē	; =		¥	11	13	1n	10		1p	19	100000	11	1s]	lved						(Forn
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	in Paris II-IV?								***************************************																	elationships and transaction thresholds.	(d) Method of determining amount involved	91,514.BOOK VALUE					Schedule R (Form 990) 2018
	d transactions with one or more related accomismations listed in the mass	ciated organiizationis listed																									is line, including covered	(c) Amount involved	91,514.					
	s with one or more																anization(s)	anization(s)	tion(s)							***************************************	who must complete th	(b) Transaction type (a·s)	А					
Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule	1 During the tax year, did the organization engage in any of the following transaction	a Receipt of (i) interest, (ii) annuities. (iii) rovalties, or (iv) rent from a controlled entity	b Gift, grant, or capital contribution to related oxnanization(s)	6 Gift, grant, or canital contribution from related examination(s)			e Loans or loan guarantees by related organization(s)		f Dividends from related organization(s)	d Sale of assets to related organization(s)			Excusation of assets with related organization(s)	 Lease or lacilities, equipment, or other assets to related organization(s) 	k Lease of facilities, equipment or other assets from related oversization(s)		m Performance of sources of manufacturing of manufacturing and actions and action (s)	D. Sharing of facilities on increase mailing links on the control of the control		o chairing of paid employees with related organization(s)	n Reimbursement naid to related oversaintents (5,000) for any			r Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)		ii uie aliswer to any of t	(a) Name of related organization	(1) ASSOCIATION FOR CORPORATE GROWTH	(6)	(4)	(5)	(9)	332163 10-02-18

Schedule R (Form 990) 2018 ASSOCIATION FOR CORPORATE GROWTH - GROUP

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	adcuons regarding exclusion	Sion for certain inve	. 1			(2)	delines revenuely	2000	a ne
Name, address, and FIN	(a)	© <u>.</u>	(d)	€	(6)	£	6	(8)	3
of entity	riniary activity	Legal domicile (state or foreign	Predominant income partners sec. (related, unrelated, 501(5)(3)	Share of	Share of	Disproper-	Code V-UBI	General or	Percentage
		country)	excluded from tax under ons.?	income	end-of-year assets	allocations?	alloations of Schedule K-1 partners ownership	managing partner?	ownership
						Yes No	(Form 1065)	Yes No	
						_			
						_			
			-					_	
						+			
								_	
		-						_	
						_			
			-						
						+		+	
						_			
		-		•					
						+			
								1	
			-			_		_	
		_			•				
						_			
						 		1	
		-							
		_		_					
			-						
						+		7	
		_		_		_		-	
					-	-			
							-		

832164 10-02-18

35

Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018 Supplemental Info	ASSOCIATION	FOR	CORPORATE	GROWTH -	GROUP 91-1868118	Page 5
Part VII	j Supplemental Info	rmation.					
	Provide additional inform	nation for responses to que	estions	on Schedule R. See	instructions.		
_							
							
	· · · · · · · · · · · · · · · · · · ·						

				·			
		·					
				····			
							-
							
	· · · ·			. <u>.</u>			
			• •				·
		. <u>. </u>			 		
	· · · · · ·						
							
					· · · · · · · · · · · · · · · · · · ·		

Form 8868 (Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print ASSOCIATION FOR CORPORATE GROWTH - GROUP 91-1868118 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 125 S. WACKER DRIVE, SUITE 3100 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60606 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 JOHN O'LOUGHLIN The books are in the care of ▶ 125 S. WACKER DR, SUITE 3100 - CHICAGO, IL 60606 Telephone No. ► 312-957-4280 Fax No. > If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 9329. If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all members the extension is for. I request an automatic 6-month extension of time until JULY 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning SEP 1, 2018 and ending AUG 31, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0. 3ь c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2019)

Association for Corporate Growth - Group

EIN: 91-1868118 Group Exemption: 9329

Attachment to IRS Form 8868 Period: September 1, 2018 to August 31, 2019

							·	
					la altrada di in	N-ff1	UBIT	UBIT
L		Chapter EIN	Chapter's Name	State	Included in Group Filing	Not Included in Group Filing	Revenue	Taxable
Γ	1	20-8953744	ACG Arizona, Inc.	AZ	Yes	Group Filling	Line 12	Line 34
	2	27-2294367	ACG 101 Corridor, Inc.	CA	Yes			
	3	20-3430626	ACG Los Angeles, Inc.	CA	Yes		04.000	200
-	4	20-3197254	ACG Orange County, Inc.	CA	Yes		\$4,960	(\$6,746)
	5	20-3197181	ACG San Diego, Inc.	CA	Yes			
	6	20-3230430	ACG San Francisco, Inc.	CA	Yes		ł	
	7	20-4448862	ACG Silicon Valley, Inc.	CA	Yes		[
1	8	20-3188891	ACG Denver, Inc.	co	Yes			
1	9	20-3245400	ACG Connecticut, Inc.	СТ	Yes			
1	0	20-3996987	ACG National Capital, Inc.	DC	Yes			
1	1	26-3417421	ACG Greater Orlando, Inc.	FL	Yes		'	
1	2	20-3343256	ACG North Florida, Inc.	FL	Yes			
1	3	20-3185949	ACG South Florida, Inc.	FL	Yes	ı		[
1	4	20-3694091	ACG Tampa Bay, Inc.	FL	Yes		•	ľ
1	5	20-4006351	ACG Atlanta, Inc.	GA	Yes			
1	6	20-3050813	ACG Chicago, Inc.	IL I	Yes			e givrae e
1	7	20-3197318	ACG Indiana, Inc.	IN	Yes		\$2,800	(\$5,687)
1	- 1	26-3260803	ACG Kentucky Inc.	KY	Yes			1
1		26-4730690	ACG Louisiana, Inc.	LA	l l			1
2		20-2978175	ACG Boston, Inc.	MA	Yes			
2	- 1	20-3546012	ACG Maryland, Inc.	MD	Yes			
2		20-3189335	ACG Detroit, Inc.	MI	Yes			
2:		20-3197400	ACG Western Michigan, Inc.	MI	Yes			
24	- 1	20-4086838	ACG Minnesota, Inc.	MN	Yes		ŀ	j
2		20-3208422	ACG Kansas City, Inc.	MO	Yes		1	
26		20-3208313	ACG St. Louis, Inc.	MO	Yes			1
27		20-4058068	ACG Carolinas, Inc.	NC NC	Yes		ŀ	
28		20-3343093	ACG Raleigh Durham, Inc.	NC NC	Yes		į	
29		27-2152455	ACG Nebraska, Inc.	NE	Yes			1
30		20-3197688	ACG New Jersey, Inc.		Yes			
31		20-3639877	ACG New York, Inc.	NJ NY	Yes		or establish	
32		20-3200023	ACG Cleveland, Inc.	OH	Yes	ľ	\$1,702	\$1,026
33		20-3633845	ACG Columbus, Inc.		Yes			i
34		20-3996913	ACG Greater Cincinnati, Inc.	OH	Yes		İ]
35	1	20-3308546	ACG Portland, Inc.	OH	Yes			
36	1	20-3434163	ACG Philadelphia, Inc.	OR	Yes		ļ	1
37		20-3902124	ACG Pittsburgh, Inc.	PA	Yes			
38	1		ACG Tennessee, Inc.	PA	Yes			
39		20-3345959	ACG Austin, Inc.	TN	Yes			1
40	1	20-3186071	ACG Dallas/Ft. Worth, Inc.	TX	Yes		İ	
41			ACG Houston, Inc.	TX	Yes		[
42	1		ACG Utah, Inc.	TX	Yes			
43			ACG Olan, Inc. ACG Richmond, Inc.	UT	Yes	İ		1
44	ŀ	4	ACG Richmond, Inc. ACG Seattle, Inc.	VA	Yes	!		ŀ
45		ř I	•	WA	Yes			
	1	20-0000002	ACG Wisconsin, Inc.	WI	Yes			
		Note: Asso	ciation for Corporate Growth (Ell	N 13-61631	137) files a senarate Eo	rm 990 for its	£0.460	(011 10-)
		activities.	This return reflects financial dat	a for the ch	napters included in the c	In and for its	\$9,462	(\$11,407)
						, I		