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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>JUL 1, 2011</b>	<b>and ending</b>	<b>JUN 30, 2012</b>																																																										
<b>B Check if applicable</b>	<b>C Name of organization</b>			<b>D Employer identification number</b>																																																										
<input checked="" type="checkbox"/> Address change	Association of Notre Dame Clubs, Inc. - Mid-Hudson Valley			31-1444572																																																										
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)			Room/suite																																																										
<input type="checkbox"/> Initial return	100 Carriage Drive																																																													
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4																																																													
<input type="checkbox"/> Amended return	Red Hook, NY 12571																																																													
<input type="checkbox"/> Application pending																																																														
<b>G Accounting Method</b>	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►																																																											
<b>I Website:</b>	► N/A																																																													
<b>J Tax-exempt status (check only one)</b>	► <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																													
<b>K Check ►</b>	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return																																																													
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.</b>	► \$ 38,639.																																																													
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)																																																														
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																														
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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

JH/NE

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,689.	22 5,649.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	21,689.	25 5,649.
26 Total liabilities (describe in Schedule O)		0. 26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,689.	27 5,649.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others )

**28 Football Tickets/Game Bus Trips**

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	18,996.
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**29 Universal Notre Dame Night**

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	2,662.
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**30 University of Notre Dame Scholarship Fund Support**

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	2,925.
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**31 Other program services (describe in Schedule O)**

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
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**32 Total program service expenses** (add lines 28a through 31a)

► <input type="checkbox"/>	32	24,583.
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**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Linda Quinn, 100 Carriage Drive, Red Hook, NY 12571	Co-President 3.00	0.	0.	0.
Matt Whopperer, 100 Carriage Drive, Red Hook, NY 12571	Co-President 1.00	0.	0.	0.
John Palma, 100 Carriage Drive, Red Hook, NY 12571	Treasurer 1.00	0.	0.	0.
Les McCarthy, 100 Carriage Drive, Red Hook, NY 12571	Communications Secretary 2.00	0.	0.	0.
Peter Johantgen, 100 Carriage Drive, Red Hook, NY 12571	Director - Summer Svc. Stu 1.00	0.	0.	0.
Brian Iedley, 100 Carriage Drive, Red Hook, NY 12571	Direct- UND Celebration 2.00	0.	0.	0.
Ron Mosca, 100 Carriage Drive, Red Hook, NY 12571	Director - Sendoff/Alumni 1.00	0.	0.	0.
Brian O'Neill, 100 Carriage Drive, Red Hook, NY 12571	Director - Mailing List 1.00	0.	0.	0.
Henry Pletcher, 100 Carriage Drive, Red Hook, NY 12571	Director - UND Celebration 1.00	0.	0.	0.
Ellen Rasphita, 100 Carriage Drive, Red Hook, NY 12571	Director - Collection Driv 1.00	0.	0.	0.
Kathy Rider, 100 Carriage Drive, Red Hook, NY 12571	Director - Game Watch/Urch 1.00	0.	0.	0.
Joe Rubsam, 100 Carriage Drive, Red Hook, NY 12571	Director - Hesburgh Lecture 1.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Yes  No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes  No

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes  No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Yes  No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0. Yes  No

b Did the organization file Form 1120-POL for this year? Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes  No

39 Section 501(c)(7) organizations Enter Yes  No

a Initiation fees and capital contributions included on line 9 Yes  No

b Gross receipts, included on line 9, for public use of club facilities Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. , section 4912 ► 0. , section 4955 ► 0. Yes  No

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Yes  No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes  No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Yes  No

41 List the states with which a copy of this return is filed ► None Yes  No

42a The organization's books are in care of ► John Palma Telephone no ► 845-226-8290 Yes  No

Located at ► 54 Sandy Pines Blvd., Hopewell Junction, NY ZIP + 4 ► 12533 Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes  No

If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Yes  No

If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here Yes  No

and enter the amount of tax-exempt interest received or accrued during the tax year Yes  No

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes  No

c Did the organization receive any payments for indoor tanning services during the year? Yes  No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Yes  No

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes  No

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes  No

	Yes	No
33	x	
34	x	
35a	x	
35b	N/A	
35c	x	
36	x	
37b	x	
38a	x	
38b	N/A	
39a	N/A	
39b	N/A	
40b	x	
40e	x	
42b	x	
42c	x	
43	N/A	
44a	x	
44b	x	
44c	x	
44d		
45a	x	
45b	x	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" ► NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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** ► *Elizabeth A. Duffy* Date: *11-6-12*  
Signature of officer  
► *Elizabeth A. Duffy, Secretary*  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ►

Yes  No

Form 990-EZ (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	Association of Notre Dame Clubs, Inc. - Mid-Hudson Valley	Employer identification number
		31-1444572

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I

b  Type II

c  Type III - Functionally integrated

d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(i)	x
11g(ii)	x
11g(iii)	x

h Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
				Yes	No		
University of Notre Dame du Lac	35-0868188	2	x		x	x	5,830.
Total	1						5,830.

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

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and <b>see instructions</b>	► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**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.

OMB No. 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	Association of Notre Dame Clubs, Inc. - Mid-Hudson Valley	Employer identification number 31-1444572
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Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property: \_\_\_\_\_ Amount: \_\_\_\_\_

Interest Income \_\_\_\_\_ 12. \_\_\_\_\_

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: scholarship

Grantee Name: University of Notre Dame Scholarship Fund

Grantee Address: University of Notre Dame Notre Dame, IN 46556

Amount Given: \_\_\_\_\_ 2,925. \_\_\_\_\_

Activity Classification: scholarship

Grantee Name: Summer Service Program

Grantee Address: University of Notre Dame Notre Dame, IN 46556

Amount Given: \_\_\_\_\_ 2,200. \_\_\_\_\_

Activity Classification: donation

Grantee Name: Excellence in Teaching

Grantee Address: University of Notre Dame Notre Dame, IN 46556

Amount Given: \_\_\_\_\_ 705. \_\_\_\_\_

Activity Classification: donation

Grantee Name: Good Counsel Home

Grantee Address: PO Box 6068 Hoboken, NJ 07030

Amount Given: \_\_\_\_\_ 1,450. \_\_\_\_\_

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization	Association of Notre Dame Clubs, Inc. - Mid-Hudson Valley	Employer identification number 31-1444572
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Activity Classification: donation

Grantee Name: Holy Cross Bangladesh Missions

Amount Given: 1,475.

Total included on Form 990-EZ, line 10 8,755.

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
Universal Notre Dame Night	2,662.
Football Tickets/Game Bus Trips	18,996.
Golf Outing	468.
Current Student Support	494.
Meetings/Conferences	950.
Summer Service Student Expenses	385.
Care Packages	1,532.
Sisters Under Sail	3,350.
Miscellaneous Expenses	5,757.
Supplies	3,461.
Gamewatches	80.
<u>Total to Form 990-EZ, line 16</u>	<u>38,135.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - Promote alumni fellowship;

provide scholarships for Notre Dame

Form 990-EZ, Part V, Line 35

This Alumni Club did not file Form 990-T because revenue generated does

not constitute unrelated business income because:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
132211  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

**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.

OMB No 1545-0047

2011

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Inspection

Name of the organization	Association of Notre Dame Clubs, Inc. - Mid-Hudson Valley	Employer identification number 31-1444572
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- a. the activities do not constitute a trade or business, and;
- b. they are not regularly carried on, and;
- c. the activities are substantially related to the Clubs exempt purpose
- d. finally, all activities are conducted by volunteers, so they are

exempt under IRS Section 513(a)(1)

**Employer identification number**  
31-1444572

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carol Schaefer, 100 Carriage Drive,	Director - Football	Bus Trip	0.	0.
Red Hook, NY 12571	1.00	0.	0.	0.
Joe Spiegel, 100 Carriage Drive, Red	Director - Special Projects	0.	0.	0.
Hook, NY 12571	1.00	0.	0.	0.
Msgr. John J. Brinn, 100 Carriage	Club Chaplain	0.	0.	0.
Drive, Red Hook, NY 12571	1.00	0.	0.	0.
Msgr. Brian Donahue, 100 Carriage	Club Chaplain	0.	0.	0.
Drive, Red Hook, NY 12571	1.00	0.	0.	0.