Use Only

-	g	90				tion Exempt				- <u>-</u>	OMB No 1545-0047
Form	. •	•	/ 200 \			of the Internal Revenu numbers on this form					2015 Open to Public
	tment of that Revenue	he Treasur e Service	× (発発)	▶ Information	on about Form 990	and its instructions	is at www.irs	.gov/form990			Inspection
A F	For the	2015 ca		year beginning	L	, and ending					<del></del>
$\overline{}$	heck if app	Jiicabie	C Name of organization						D Emplo	yer identific	ation number
^	ddress cha	ange		South E	End Democra	atic Club			٠,,	1 5 2 0 0	\ A 7
N	lame chang	ge	Doing business as Number and street (or P	O box if mail is not o	delivered to street addr	ess)		Room/suite	E Teleph	15280 one number	
In	nitial return		601 West Co						717	<u>-854-</u>	-1072
	inal return/ erminated	'	City or town, state or pro-	vince, country, and 2							
	mended re	eturn	York		PA 1740	04		<del>,</del>	<b>G</b> Gross r	eceipts \$	493,530
$\Xi$	Application :		F Name and address of pri	•				H(a) Is this a	group return fo	r subordinate	s? Yes X No
∟ ′	(ppiication)	pending	Craig Nes	S				H(h) Are all	subordinates ir	schidad?	Yes No
									No," attach a li		
	Tax-exemp	ot status	501(c)(3) X	501(c) ( 7	) <b>d</b> (insert no )	4947(a)(1) or	1 527)	1		•	
	Website		/a	[ 301(c) ( . ·	) 4 (insert no )	4347(4)(1) 01	32,7	H(c) Group	exemption num	ber ▶	
	Form of org		<u></u>	Trust Associa	ation Other		LY	ear of formation			e of legal domicile PA
	art I		mmary		-		•				
	1 Br		scribe the organizatio								
9		The	organization	is a soc	ial club i	n which incom	me is p	roduced	by rev	enue	
au		from	"Members On	Ly".							
'ern											
Governance	2 C	heck thi	s box ▶ 🔲 if the org	janization disco	intinued its operat	tions or disposed of r	more than 25	% of its net	assets	8	
≪ઇ	3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line DECEIVED										
Activities			of independent voting			· 1. 1	SEINF	)	4	8	
Ę			nber of individuals em			art V, line 2a)	0.400	181	5	12	
Aç.			nber of volunteers (es		• •	B JUL	2 4 2018	<u> </u> 9	6	0	371
l			elated business reven				-		7a	_	371 0
	b N	et unrela	ated business taxable	income from F	orm 990-1, line 3	4 L UGD	EN. UT	Prior	7b Year	+	Current Year
اہ	8 C	ontributi	ons and grants (Part	VIII, line 1h)							0
Revenue		9 Program service revenue (Part VIII, line 2g)							5,710	)	6,657
e e	<b>10</b> In	ivestmei	nt income (Part VIII, d	column (A), line	s 3, 4, and 7d)				52:		371
~	11 0	ther rev	enue (Part VIII, colun	nn (A), lines 5, 6	6d, 8c, 9c, 10c, a	nd 11e)			<u>99,73</u>	<del></del>	222,914
	12 To	otal reve	enue – add lines 8 thr	ough 11 (must	equal Part VIII, co	olumn (A), line 12)		2	05,96	5	229,942
			nd similar amounts pa	•	• •	3)					0
Ì			oald to or for member				-		20 00	,	100 100
ses			other compensation,	, ,	•	mn (A), lines 5–10)	-		22,990	ار	129,193
eus			nal fundraising fees (				o F	· · · · ·			
Expenses			draising expenses (Pa benses (Part IX, colun				<b>`</b>		94,52	5	72,513
			enses Add lines 13-			A) line 25)	-		17,51		201,706
			less expenses Subtr			rt), iiile 20)	-		11,54		28,236
- Se			iedo experioca eduli	docume to non				Beginning of			End of Year
sets alang	20 To	otal ass	ets (Part X, line 16)						<u>97,862</u>		424,065
Net Assets or Fund Balances	21 To	otal liabi	ılıties (Part X, Ime 26)						43,012		40,979
울년	22 N		s or fund balances. S	Subtract line 21	from line 20			3	<u>54,850</u>	0	383,086
	<u>art II</u>		gnature Block		· - · · · · · · · · · · · · · · · · · ·						
			perjury, I declare that I homplete Declaration of p		_				-	knowledge	and belief, it is
		<b>\</b> -			1				,		
Sig		S	ignature of officer	/	/V ,		_	_	Da	te <b>1</b> ,	-14-18
Hei	re	_	Craig Ness	- (	p		Asst.	Treas	urer		1 (- 10
			ype or print name and title		<b>∕</b> ─────────			,		<del></del> _	
Dec	,		e preparer's name		Preparer's sig			Date	Che		PTIN
Paid	<u> </u>	Richar				E. Butler, CPA		02/	22/18 self-		P00485969
rre	parer	Firm's nar	$_{me}$ $ ightarrow$ $Butl$	er, Gine	gerich &	company			Firm's EIN	23	3-1929998

Firm's address

200 East Market Street

York, PA 17403

Phone no

4d Other program services (Describe in Schedule O )

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

Page 3

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		$\mathbf{X}_{-}$
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		·	
	Part III	5	,	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		,	
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			1
	debt negotiation services? 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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable			
a	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			j
_	complete Schedule D, Part VI	11a	х	
b		111		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	5 M 5 M 6 M 7 M 7 M 7 M 7 M 7 M 7 M 7 M 7 M 7			
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		1		
-	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a		<del>                                     </del>		-
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b				
_	fundraising, business, investment, and program service activities outside the United States, or aggregate	ľ		1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	<del></del>		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A). line 3, more than \$5,000 of aggregate grants or other	<u> </u>	_	
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- <u>``</u>		<u> </u>
•	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del></del>		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		<u> </u>
	and the state of t			

If "Yes," complete Schedule G, Part III

Part IV . Checklist of Required Schedules (continued)

	The state of the s		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
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	26		X
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			••
	conservation contributions? If "Yes," complete Schedule M	30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
20	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	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		
50	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38		X
			m 990	

The first rish number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable  Dist the organization comply with backup withholding rules for reportable gammers to vendors and reportable gamming (ammings to prize winners)  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, fleed for the calendary year ending with or within the year covered by this return.  Statements, fleed for the calendary year ending with or within the year covered by this return.  It was not been to a support on time 2g, did the organization file all responsed federal employment tax returns?  2b M of life estimates to support on time 2g, did the organization file all response of selections.  3c H of life estimates to support on the year? If No To line is 8b, provide an explanation in Schedule O  3d Did the organization have unreliated business gross some of \$1.00 or more during the year?  3a A larny time during the calendary year, did the organization have an interest in, or a significant or other financial accounts in a foreign country, (such as a bank account, securities account); or other financial accounts in a foreign country (such as a bank account, securities accounts or the granization and party to a prohibited tax shelter transaction or a significant or the security of the granization and the programation for fine grequirements for Fine SN Form 114, Report of Foreign Bank and Financial Accounts (FFART)  5a Was the erganization apprix to a prohibited tax shelter transaction?  5b If Yes, if the so or 5b, did the organization that it was or its a party to a prohibited tax shelter transaction?  5c If Yes if the so organization have annual gross recepts that ere normally greater than \$100,000, and did the organization have annual gross recepts that ere normally greater than \$100,000, and did the organization have annual gross recepts that the normally greater than \$100,000, and did the organization have annual gr	Pa	Check if Schedule O contains a response or note to any line in this Part V			Г
1s Enter the number reported in Box 3 of Form 1086 Enter -0-it not applicable Enter the number of Forms W/C2 included in line 1 at Enter -0- in not applicable Did the organization comply with backup withfolding rules for reportable payments to vendors and reportable garging (gambling) with backup withfolding rules for reportable payments to vendors and reportable garging (gambling) with backup withfolding rules for reportable payments to vendors and reportable garging (gambling) with backup withfolding rules for reportable payments to vendors and reportable garging (gambling) with backup withfolding rules for reportable payments to vendors and reportable garging (gambling) with a payment of the reportable payments to vendors and separation of the rules of the organization of the rules of		'	<del></del> Т	Yes	No
be Enter the number of Forms W-2G included in line 1a. Enter 0-1 not applicable or Diff the organization comply with backup withholding fulse for reportable payments to vendors and reportable garming (garmling) with making the payments of the payments of payments reported on Form W-3. Transmitted of Wages and Tax Statements, filled for the calendary year ending with or within the year coverage by this return.  2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		103	1
but the arganization comply with backup witholding rules for reportable payments to vendors and reportable ganging (gambling) withoutings to prax withouting to the provided of the throughouting to the provided of the prov					
reportable garmer (gambling) winnings to prize winners?  Either the number of employees reported on Form W.3. Transmittal of Wage and Tax Sitienments, flee for the calendary year ending with or within the year covered by this return.  Sitienments, flee for the calendary year ending with or within the year covered by this return.  Note If the sum of lines it and 2 as greater than 250, you may be required to e-file (see instructions)  Old the organization have unrelated business gross incorrung of \$1,000 or more during the year?  3a  If Yes, I have the dia Form 980-17 for this year? If Yes' to line 35, provides an explanation in Schedule 0  3b  If Yes, I have the area of the foreign country (see has a bank account, securines account, or other financial account)  account/?  4a  All any time during requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  If Yes, I was the organization a party to a principled tax shelter transaction at any time during the tax year?  5a  Was the organization a party to a principled tax shelter transaction at any time during the tax year?  5b  1c If Yes' to line 5 or 55, did the organization tile Form 8886-17  5c  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5c  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5c  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5c  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5d  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5d  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5d  1f Yes' to line 5 or 55, did the organization tile Form 8886-17  5d  1f Yes' to line 6 organization receive a discussion of the organization of the organization of the organization receive a condition of the organization of the organization of the organization organization receive a condition of the value of the goods or services provided?  7a  1f Yes' to line organization receive a condition of the value of the goods or services provided					
28 Eiter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the catendar year enting with or within the year covered by this return  3 Islatements, filed for the catendar year enting with or within the year covered by this return  4 I least one is reported on line 2a, did the organization file all required foderal employment fax returns?  5 In If Yes, Thas if filed a Form 990-T for this year? If No' is line 3b, provide an explanation in Schedule O  5 In If Yes, That if filed a Form 990-T for this year? If No' is line 3b, provide an explanation in Schedule O  5 In If Yes, That if filed a Form 990-T for this year? If No' is line 3b, provide an explanation in Schedule O  5 In Yes, Tenter the name of the foreign country feuch as a bank account, securities account, or other financial accountry  5 In Yes, Tenter the name of the foreign country feuch as a bank account, securities account, or other financial Accounts  6 (FGAR)  6 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 In Yes, Tenter the name of the foreign country feuch that is the properties of the file of the organization that it was or is a party to a prohibited tax shelter transaction?  5 In Yes, Tenter the sor Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 In Yes, Tenter the sor Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 In Yes, Tenter the sor Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  7 In Yes, Tenter the sor Sh, did the organization that was or is a party to a prohibited tax shelter transaction?  7 In Yes, Tenter the sort Sh, did the organization that was or is a party to a prohibited tax shelter transaction?  7 In Yes, Tenter the name of the organization that was or is a party to a prohibited tax shelter transaction or growing that the organization shelt that the party of the organization that the party o	-		10		x
Statements, files for the calendar year endung with or within the year covered by this return	2a		-"		
b		· · · · · · · · · · · · · · · · · · ·			
Note If the sum of lines 1a and 2a is greater than 250, you may be required to effici (see instructions)  Did the origination have unrelated business gross income of \$1,000 or more dump the year?  If "Yes," has it filed a Form 990-T for they kear? If "No" to line 3b, provide an explanation in Schedule O  At any time during the calendary year of the origination have an interest in, or a signature or other authority over a firancial account in a foreign country (such as a bank account, securities account, or other firancial account in a foreign country to which as a bank account, securities accounts?  If "Yes," enter the name of the foreign country \range Security (FBAR)  If "Yes," enter the name of the foreign country \range Security (FBAR)  If "Yes," enter the name of the foreign country \range Security (FBAR)  If "Yes," do the name of the foreign country \range Security (FBAR)  Did any tixable party notify the originazion that it was or is a party to a prohibited tax shelter transaction?  Ship of the Security of the originazion that it was or is a party to a prohibited tax shelter transaction?  Ship of the Security of the originazion of that it was or is a party to a prohibited tax shelter transaction?  Ship of the Security of the originazion or	ь		<sub>2h</sub>	x	j
3 De die organization have unrelated business gross income of \$1,000 or more during the year?  4 If Yos, is net at lided a Form 900-17 for this year? If Yos to line 8), provide an explanation in Schedule O  4 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 accounts (FSAR)  5 If Yes, ineter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FSAR)  5 If Yes, ineter the name of the foreign country (see instructions for fitting requirements for FindEN Form 114, Report of Foreign Bank and Financial Accounts (FSAR)  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Dod any taxable party notify the organization file Form 88867.  5 b C If Yes's 10 the Saot 50, did the organization file Form 88867.  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 88867.  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  6 d Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and senses provided to the gayor?  7 a Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and senses provided to the gayor?  7 b If Yes', "incleate the number of Forms 8822 filed during the year.  10 b If the organization receive a feature of the value of the goods or services provided?  11 b Does the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received an contribution of qualified in					$\vdash$
b if 'Yes,' has it field a Form 990-T for this year' If 'No' to line 3b, provide an explanation in Schedule O  At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country    b If 'Yes,' enter the name of the foreign country    See instructions for filting requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  (FBAR)  18 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5a Was the organization never annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?  6a B If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax odductible as charitable contributions?  6b D If 'Yes,' did the organization nicitide with every solicitation an express statement that such contributions or gifts were not tax odductible?  6b D O Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a D If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7b Did the organization sell, extrange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  8c Did the organization received a contribution of carb, boats, any planes, or other vehicles, did the organization file Form 8299 as required?  9c Did the organization received a contribution of carb, boats, any planes, or other vehicles, did the organization file Form 8899 as required?  9c Did the organization have excess business holdings at any time during the year?  9c Sponsoring organization make and starbulination under section 4966?  9c Sponsoring organization make any taxable	3a		32		x
4a All 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, secunites account, or other financial account)?  b If "Yes," either the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR)  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Dos the organization aparty to a prohibited tax shelter transaction?  5b Did any faxable party notify the organization file Form 8888-17?  5b Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization normal muchdle with every solicitation an express statement that such contributions?  5c Did the organization nuclide with every solicitation an express statement that such contributions or offits were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d If "Yes," findicate the number of Forms 8282 filed during the year  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization make a contribution of qualified intellectual property, did the organization file Form 8829 as required?  8 Ponsorting organization make a contribution of orac, boots, application, 40 for promise and oracity and transition of promises and property for indirectly, on a personal benefit contract?  77 Public organization make a contribution of oracity, to pay premiums on a personal benefit contract?  77 Public organization increaved a contribution of oracity, but pay for indirectly, on a p					<u> </u>
over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account of the foreign country ▶  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  (FBAR)  58 Was the organization a party to a prohibited tax shefter transaction at any sine during the tax year?  59 Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  50 Life's to line Sa or Sb, did the organization file Form 18886-T?  50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization short any contributions that were not tax deductible as charitable contributions?  50 Life's, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  51 Press, did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  52 Life's, did the organization notify the donor of the value of the goods or services provided?  53 Life's, did the organization notify the donor of the value of the goods or services provided?  54 Life's, did the organization notify the donor of the value of the goods or services provided?  55 Life's, did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  56 Life's object the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?  56 Life the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C?  57 Sponsoring organizations maintaining donor advised funds. Did a conor advised fund be organization file a Form 1098-C?  58 Sponsoring organization make a distribution to a donor, donore advised or the organization file a Form 1098-C?  59 Sponsoring organiza			35		$\vdash$
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			<del>-</del>		<u>X</u>
	b DAA	ir res, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	200	

Pa	art VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI	scne	dule O. S	ee insti	uctio	ns.
Sec	tion A. Governing Body and Management	_	<del></del>			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8			
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
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			_7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e following			
а	The governing body?			8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?			8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	<u> </u>
Sec	ction B. Policies (This Section B requests information about policies not required by the Internation	al Re	venue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	ļ	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, 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	ne for	m?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o con	flicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
40	describe in Schedule O how this was done			12c		17
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45		v
a	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			. 3 3	3	4 55
16a				19 /	1 4 1	
L.	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			7 9	1	1
				166		
Sac	organization's exempt status with respect to such arrangements?	<u> </u>		16b		
17	List the states with which a copy of this Form 990 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501)	۳۱/۵۱ <i>۳</i>	only			
10	available for public inspection. Indicate how you made these available. Check all that apply	C)(3)S	Offig)			
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	nolic	v and			
,,,	financial statements available to the public during the tax year	ρυπυ	y, ai iu			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	. •				
	outh End Democratic Club 601 West College Avenue	•				
	ork PA 17404		71	7-85	4-1	072

•						
Form 990 (2015) South End	l Democra	atic Cl	ub	23-152	8047	Page 7
Part VII . Compensation	of Officers,	Directors,	Trustees,	Key Employees, Hig	hest Compensated	Employees, and
Independent Co						
				o any line in this Part		
				Compensated Employee		
a Complete this table for all person organization's tax year	is required to be	listed Repor	rt compensation	on for the calendar year en	ding with or within the	
<ul> <li>List all of the organization's cu compensation Enter -0- in columns</li> </ul>					s), regardless of amount of	f
<ul> <li>List all of the organization's cu</li> </ul>	• •			•	•	
<ul> <li>List the organization's five curiling</li> <li>List the organization's five curiling</li> <li>List the organization and any related organization</li> </ul>	on (Box 5 of For					
<ul> <li>List all of the organization's for \$100,000 of reportable compensation</li> </ul>	on from the orga	nization and a	any related or	ganizations		
<ul> <li>List all of the organization's forganization, more than \$10,000 of r</li> </ul>						
List persons in the following order in compensated employees, and forme		s or directors,	, institutional t	rustees, officers, key empl	oyees, highest	
Check this box if neither the orga	anization nor any	related orga	inization comp	ensated any current office	r, director, or trustee	
week bo			C) sition more than one erson is both an director/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Officer Institutional trustee Individual trustee or director	Former Highest compensal employee Key employee	(W-2/1099-MISC)		organization and related organizations

26,109

26,000

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Form 990 (2015)

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(1) Terry Dellinger

(3) Michael Ambrose

(5) William Barrett

Secretary (6) Blaine Decker

(7) Thomas Markle

(8) David Klepper

(4) Clarence Cunningham

Director

President

Director

Director

Director

(9)

(10)

(11)

DAA

(2) Craig Ness

Asst. Treasurer

Vice-President

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2.00

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Part	VII Section A Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
	(A) Name and title	(B) (C)  Average Position  hours per (do not check more than one box, unless person is both ar (list any officer and a director/trustee.						an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	con	(F) stimated mount o other npensati	ion
		hours for related organizations below dotted fine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganization nd relate nanization	on ed
										<del></del>			
			!										
c ·	Sub-total  Total from continuation she	ets to Part VII, S	Sect	ion A	١.			<b>&gt; &gt; &gt;</b>	52,109				
2	Total (add lines 1b and 1c) Total number of individuals (in				thos	e lis	ted a	bov		\$100,000 of			
	reportable compensation from	the organization	<u> </u>	<u>U</u>									es No
	Did the organization list any <b>fo</b> employee on line 1a? If "Yes,"								loyee, or highest compensa	ted		3	x
4	For any individual listed on lin organization and related organ individual	e 1a, is the sum	of re	port	able	com	pens	satic				4	x
	Did any person listed on line 1 for services rendered to the or B. Independent Contractors	rganization? If "Y								individual		5	х
1	Complete this table for your fire compensation from the organic	ve highest comp	ensa	ted i	nde	oend	lent o	cont	tractors that received more t	han \$100,000 of	ar		
		(A) business address	omp	C1130	11077	10, 1	116 66			(B) uon of services	,ai	Comp	(C) ensation
				·									
	Total number of independent received more than \$100,000								ose listed above) who	0			
DAA	received more mail \$ 100,000	or compensation	11101	ii uit	Jorg	ai IIZ	auUl			<u> </u>		Form	990 (2015)

Pa	rt VI	Check if Schedule	o contair	ns a response o	or note to any line	ın thıs Part VIII		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats nts	1a	Federated campaigns	1a					
Program Service Revenue Contributions, Gifts, Grants		Membership dues	1b					
S, E		Fundraising events	1c					
ar ji		Related organizations	1d					
S,E	е	Government grants (contributions)	1e					
ron	f	All other contributions, gifts, grants,						
E E		and similar amounts not included above	1f					
E P	g	Noncash contributions included in lines 1a	-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		<b>•</b>				
a				Busn Code				
e e	2a	Membership dues		<u> </u>	6,657	6,6 <u>5</u> 7		··
e X	b							
≥	С							
S	d							
гаш	е							
g.		All other program service reve	enue	L	6 657			
-		Total Add lines 2a-2f		<u> </u>	6,657			
	3	Investment income (including	aiviaenas,	_	371		371	
		and other similar amounts)	. avament b	• • • • • • • • • • • • • • • • • • •	3/1		3/1	
	4	Income from investment of tax Royalties	x-exempt b	ond proceeds				
	5	(i) Real	Γ.	(ii) Personal				
	6a	Gross rents		(ii) i oiseilai				
	b	Less rental exps						
	c	Rental inc or (loss)						
	d	Net rental income or (loss)	·	<b>&gt;</b>				
		Gross amount from (i) Securities	5	(ii) Other				
	ŀ	sales of assets other than inventory						
	ь	Less cost or other						
		basis & sales exps						
	c	Gain or (loss)						
	d	Net gain or (loss)		<b>-</b>				
43	8a	Gross income from fundraising eve	ents					
'nu		(not including \$						
eve	İ	of contributions reported on line 10	;)					
Other Revenue		See Part IV, line 18	a					
the	ь	Less direct expenses	b					
0	С .	Net income or (loss) from fund	draisin <u>g ev</u>	ents 上	-,, <u>-</u> ,			
	9a	Gross income from gaming activities	es			3 4 7 2.	Nasai i la lita	4 2
		See Part IV, line 19	., a	<del></del>				
		Less: direct expenses	ь		W. San Fred Sec.	On the Committee Charle	alladia di alla di cons	9 a 3 2 a 46 a 46 a 46 a 5
	I .	Net income or (loss) from gar		ies 🕒				
	10a	Gross sales of inventory, less			, ,		,	
		returns and allowances	a	486,502				
		Less cost of goods sold	b	263,588	000 014			000 014
	<u>c</u>	Net income or (loss) from sale			222,914			222,914
		Miscelfaneous Revenue	<del></del>	Busn Code				
	11a							
	b							
	C	All alban as on the						
	d	All other revenue  Total. Add lines 11a–11d					-	
	12	Total revenue See instruction	ins		229,942	6,657	371	222,914
						<u> </u>	·	

Part IX Statement of Functional Expenses

section	on 501(c)(3) and 501(c)(4) organizations must c • Check if Schedule O contains a respiration			mpiete column (A)	X
Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	b, 9b, and 10b of Part VIII.	Total oxposition	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	117,772	117,772		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44 464	44 404		
10	Payroll taxes	11,421	11,421		
11	Fees for services (non-employees)				
a	Management				
þ	Legal	4,935	4,935		
	Accounting Lobbying	4,955	4,955		
	Professional fundraising services See Part IV, line 17			···	
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	53,811	53,811		
12	Advertising and promotion	53,811 1,742	53,811 1,742		
13	Office expenses			-	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,744	2,744		
20	Interest Payments to affiliates	2,144	2,133		
21 22	Depreciation, depletion, and amortization				
23	Ingurance	9,281	9,281		
24	Other expenses Itemize expenses not covered	Buchen, Garathe Charles	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	above (List miscellaneous expenses in line 24e If				1 4 1 3 3 2 3 3 4 3 3 4
	line 24e amount exceeds 10% of line 25, column	6 "	**		1 1
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					
d			<del>-</del>		
е	All other expenses	201 700	201 706		0
25	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the	201,706	201,706	0	·
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

P	art X	. Balance Sheet					
		Check if Schedule O contains a response or note to	to any line in th	is Part X		,	
	•				(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing		L	48,490	1	74,693
	2	Savings and temporary cash investments		_	57,529	2	57,529
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former office	cers, directors,				
		trustees, key employees, and highest compensated emp	oloyees				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified personal	ons (as defined	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contributing	g employers and			
		sponsoring organizations of section 501(c)(9) voluntary e	employees' ben	eficiary			
ţ		organizations (see instructions) Complete Part II of Sche	edule L			6	
ssets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use			2,260	8	2,260
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	289,583			
	b	Less accumulated depreciation	10b	-	289,583	10c	289,583
	11	Investments—publicly traded securities			11	'	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets		•	14		
	15	Other assets. See Part IV, line 11			•	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34	<b>l</b> )		397,862	16	424,065
	17	Accounts payable and accrued expenses			5,074		5,047
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of			21		
Ś	22	Loans and other payables to current and former officers,	directors,				
Liabilities		trustees, key employees, highest compensated employe	es, and				
abi		disqualified persons Complete Part II of Schedule L				22	
Ĩ	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	arties		37,938	24	35,932
	25	Other liabilities (including federal income tax, payables to	related third				
		parties, and other liabilities not included on lines 17-24)	Complete Part	x			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			43,012	26	40,979
		Organizations that follow SFAS 117 (ASC 958), check	k here ▶ 🛛 🗓	and			
Ses		complete lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets		L	354,850	27	383,086
Bal	28	Temporarily restricted net assets		[		28	
g	29	Permanently restricted net assets				29	
Fu		Organizations that do not follow SFAS 117 (ASC 958)	), check here I	▶ 🗍 and 🏻		7	" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	İ	complete lines 30 through 34.		_			
ets	30	Capital stock or trust principal, or current funds			30		
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
Ę.	32	Retained earnings, endowment, accumulated income, or				32	
Z	33	Total net assets or fund balances		Γ	354,850	33	383,086
_	34	Total liabilities and net assets/fund balances			397,862		424,065
_							

Form 990 (2015)

## SCHEDULE D (Form 990),

Department of the Treasury Internal Refenue Service

### Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public

Open to Public Inspection

Employer identification number Name of the organization 23-1528047 South End Democratic Club Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  **Part III**

# Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included on Form 990, Part VIII, line 1

▶ 5

(ii) Assets included in Form 990, Part X

**>** \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

	Complete if the organization	on answered "Yes"	" on Form 990, Pa	rt IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					,
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
a	End of year balance					

a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations

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

Τ.,

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

Part VI	Land, Buildings.	and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 (d) Book value (a) Cost or other basis (b) Cost or other basis (c) Accumulated Description of property (other) depreciation (investment) 1a Land **b** Buildings c Leasehold improvements 289,583 289 d Equipment e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) 289,

Part VII .	Investments—Other Securities.  Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
Financial d	erivatives		
) Closely-hel	d equity interests		
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	ı (b) must equal Form 990, Part X, col_(B) line 12 ) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶		
Part IX	Other Assets.		
I art ix	Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15
	(a) Description	<u> </u>	(b) Book value
(4)	(2) 00001111111		(-,
(1)		· · · · · ·	<del></del>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	40 D D D D D D D D D D D D D D D D D D D		<b>&gt;</b>
	n (b) must equal Form 990, Part X, col (B) line 15)		P
Part X .	Other Liabilities.	F 000 Dark IV/ Kin	- 44 446 Can Farm 000 Bart V
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e Tie or Tif. See Form 990, Part X,
	line 25.		1
	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		<u> </u>
(2)			ľ
(3)			
(4)			_
(3)			
			1
(6)			<u>]</u>
(6) (7)			***
(5) (6) (7) (8) (9)			,

2d

4a

4b

2e

3

4c

5

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

d Other (Describe in Part XIII )

Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

e Add lines 2a through 2d

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2015 South End Democratic Club
Part XIII Supplemental Information (continued)

### SCHEDULE O

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2015

Non to Publi

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

South End Democratic Club

Employer identification number 23-1528047

Form 990, Part III, Line 4d - All Other Accomplishment

Income produced by revenue from "Members Only" of a social club.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Program	Service	Mgt & Gener	al	Fundraisin	g				
Miscellaneous										
	\$	525	\$	0	\$	0				
Repairs & Maintenance										
	\$	19,817	\$	0	\$	0				
Taxes - Other										
	\$	12,892	\$	0	\$	0				
Utilities										
	\$	17,482	\$	0	\$	0				
Office Expenses										
	\$	2,026	\$	0	\$	0				
Donations required & made										
	\$	900	\$	0	\$	0				
Dues & Subscriptions										