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Extended to May 15, 2017

## **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_								
		e 2015 calendar year, or tax year beginning JUL 1, 2015		and end	ing JUN	30,		
B	Check if applicab	C Name of organization				D Emp	loyer	identification number
	Addr	ess change Association of Notre Dame Clubs, Inc						
Ļ		e change Philadelphia					-107	
Ļ	Initial	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Tele	phone	number		
Ļ	termi	nated 7550 henry ave. Apr 25C				21	5-77	6-1837
Ļ		City or town, state or province, country, and ZIP or foreign postal code				F Gro	up Exe	mption
$\overline{\Gamma}$		ation pending Philadelphia, PA 19128				-	<u>_</u>	5053
		nting Method: X Cash Accrual Other (specify)				H Che	ck 🕨	If the organization is
		te: www.ndphilly.org					•	ed to attach Schedule B
_		rempt status (check only one) — 🗶 501(c)(3) 501(c) ( ) ◀(insert no.)		47(a)(1)		<u> </u>		), 990-EZ, or 990-PF).
	Ċ~~~				r Profit,		.)(c)	(3)
L		ies 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more,	or if tota	l assets (Part	H,		
_		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	B-I				<u>&gt; \$</u>	140,501.
L	art I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	ances	(see the instri	uctions	for Pai	·
_		Check if the organization used Schedule O to respond to any question in this Part I						. <u>x</u>
		Contributions, gifts, grants, and similar amounts received					1	0.
	¯ `2	Program service revenue including government fees and contracts					2	125,693.
	( 3	Membership dues and assessments			_		3	14,795.
	¥ 4		i	dule (	)		4	13.
	-5a	Gross amount from sale of assets other than inventory	5a					
	170	Less: cost or other basis and sales expenses	5b					1
	(j.c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	
	√ <sup>-</sup> 6	Gaming and fundraising events						
9	a	Gross income from gaming (attach Schedule G if greater than				1		
Revenue	1.	\$15,000)	6a					
æ	0	Gross income from fundraising events (not including \$	of con	tribution	S			
		from fundraising events reported on line 1) (attach Schedule G if the sum of such	a. 1					
	1.	gross income and contributions exceeds \$15,000)	6b					
	[	Less: direct expenses from gaming and fundraising events	6c	(-)	<del></del>			
	_0	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub		ie 6C)			6d	
	1	Gross sales of inventory, less returns and allowances	7a					
		Less: cost of goods sold	7b				<b>.</b>	
	٦	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c 8	<del>_</del>
	8	Other revenue (describe in Schedule 0)						140 501
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) See	Scho	dule (			9 10	140,501. 12,600.
	11	Benefits paid to or for members	Dene	E (	•		11	12,000.
	12	Salaries, other compensation, and employee benefits					12	
Ses	12	Professional fees and other payments to independent contractors		•		•	13	
Expenses	14	Occupancy, rent, utilities, and maintenance				• •	14	
Ň	15	Printing, publications, postage, and shipping					15	
	16		Sche	dule (	2		16	298,320.
	17	Total expenses. Add lines 10 through 16	50		-	•	17	310,920.
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-		<del></del>		18	-170,419.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					-,0	
lss(	[ '	(must agree with end-of-year figure reported on prior year's return)					19	218,677.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)MARK	ß	r Rec	EIVED		20	0 0
Ź	21	Not see ate or fund halancee at and of year. Combine lines 18 through 20	ft	اللب الم	ten∜ V (cc. (c.)		21	48,258.
	A For	Paperwork Reduction Act Notice, see the separate instructions WAY 12'17		-			- '	Form <b>990-EZ</b> (2015)
_		WAY 12'17	h	AAY 1	1 6'17			222 == (2010)

532171 12-02-15

Pa	Part II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	oond to any ques				
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		218,677	22		48,258.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		218,677	25		48,258.
26	Total liabilities (describe in Schedule 0)		0,	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		218,677.	27		48,258.
Pa	art III Statement of Program Service Accomplishmen	•	· _			<b>p</b> enses
	Check if the organization used Schedule O to res	ond to any ques	stion in this Part III	X	(Required	for section and 501(c)(4)
Wha	it is the organization's primary exempt purpose?See Schedule O					ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by ex	penses in a clear and concise		others.)	
manr	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title				
28	Golf Outing					
	(Grants \$ ) If this amount includes foreign g	rants, check here			28a	30,052.
29	Temple Football Game Tickets & Tailgate Party					
					} }	
					1	
	(Grants \$ ) If this amount includes foreign of	rants, check here	. ▶		29a	225,890.
30	Summer Service Program Support					
				_		
	(Grants \$ 11,600.) If this amount includes foreign g	rants, check here			30a	11,600.
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign of	rants, check here	▶ [		31a	
	Total program service expenses (add lines 28a through 31a)			•	32	267,542.
$\overline{}$						
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each	one even if not compensated - se	e the	instructions f	or Part IV)
Pa		•		e the	instructions f	or Part IV)
Pa	Check if the organization used Schedule O to res	•	stion in this Part IV	d) He	alth benefits,	
Pa		(b) Average hours	stion in this Part IV  (c) Reportable compensation (Forms w.2/1/1994_MISC)	d) He	alth benefits, ibutions to oyee benefit	(e) Estimated amount of other
Pa	Check if the organization used Schedule O to res	oond to any ques (b) Average hours	stion in this Part IV  (c) Reportable compensation (Forms w.2/1/1994_MISC)	d) He contr emplo	alth benefits,	(e) Estimated
	Check if the organization used Schedule O to res	(b) Average hours	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	d) He contr emplo	alth benefits, ibutions to byce benefit and deferred	(e) Estimated amount of other
Ste	Check if the organization used Schedule O to res	(b) Average hours	stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC)	d) He contr emplo	alth benefits, ibutions to byce benefit and deferred	(e) Estimated amount of other
Ste	Check if the organization used Schedule O to response the company of the Check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check if the organization used Schedule O to response the check is the check if the organization used Schedule O to response the check is t	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
Ste Pre Mik	Check if the organization used Schedule O to response the company of the company	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
Ste Pre Mik V10	Check if the organization used Schedule O to response to the companies of	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, abutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation
Ste Pre Mik Vic	Check if the organization used Schedule O to respond to the capture of the captur	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, abutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation
Ste Pre Mik Vic	Check if the organization used Schedule O to respond to the sphen Meehan resident the Libert resident of Coyne	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, abutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation  0.
Ste Pre Mik Vic Jim Sec Bri	Check if the organization used Schedule O to resident Le Libert Le President Coyne Cretary	(b) Average hours per week devoted to position  1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) He contr emplo	alth benefits, abutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation  0.
Stee Pree Mikk Vic Jim Sec Bri	Check if the organization used Schedule O to resident Le Libert Le President Coyne Cretary Lan Markley	(b) Average hours per week devoted to position  1.00  1.00	Stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	d) He contr emplo	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation  0.  0.
Stee Pree Mik Vic Jim Sec Bri Tree Chr	Check if the organization used Schedule O to resident Libert President Coyne Cretary An Markley Casurer	(b) Average hours per week devoted to position  1.00  1.00	Stion in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	d) He contr emplo	alth benefits, ibutions to byse benefit and deferred pensation 0.	(e) Estimated amount of other compensation  0.  0.
Stee Pre- Mikk Vic Jim Sec Bri Tre- Chr	Check if the organization used Schedule O to resident  Libert President Coyne Cretary An Markley Casurer Listine Debevec	(b) Average hours per week devoted to position  1.00  1.00  1.00	Stion in this Part IV  (c) Reportable Compensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  0.	d) He contr emplo	alth benefits, abutions to to you benefit and deferred pensation  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.
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Stee Pre Mik Vic Jim Sec Bri Tree Chr Boa Nia	Check if the organization used Schedule O to resident to the President to Coyne tretary an Markley to the Debevec tred Member to Daye	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	Stion in this Part IV  S. (c) Reportable Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O. 0.	d) He contr emplo	alth benefits, abutions to yee benefit and deferred pensation  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.
Stee Pre Mik Vic Jim Sec Bri Tree Chr Boa Nia Boa	Check if the organization used Schedule O to resident  Libert President Coyne Cretary An Markley Lasurer Cistine Debevec Crd Member Daye Crd Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00	Stion in this Part IV  S. (c) Reportable Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O. 0.	d) He contr emplo	alth benefits, abutions to yee benefit and deferred pensation  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.
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Stee Pree Mik Vic Jim Sec Bri Tree Chr Boa Nia Boa Lau	Check if the organization used Schedule O to resident  Libert President Coyne Pretary An Markley Casurer Cistine Debevec Cred Member Coyne Cred Member	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00	Stion in this Part IV  S. (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  O.  O.  O.	d) He contr emplo	alth benefits, abutions to yee benefit and deferred pensation  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.
Stee Pre Mik Vic Jim Sec Bri Tre Chr Boa Nia Boa Mar Boa	Check if the organization used Schedule O to resident  Libert President Coyne Pretary An Markley Casurer Listine Debevec Listi	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	Stion in this Part IV  Stion (c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) for the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) for the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) for the compensation (for the compensation (f	d) He contr emplo	alth benefits, ibutions to yove benefit and deferred pensation  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.
Stee Pre Mik Vic Jim Sec Bri Tre Chr Boa Nia Boa Mar Boa Rya	Check if the organization used Schedule O to resident  Libert President Coyne Pretary An Markley Basurer Sistine Debevec And Member Daye And Member Coyne Cord Member Coyne Co	(b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00	Stion in this Part IV  Stoompensation (Forms W-2/1099-MISC) (if not paid, enter-0-)  O.  O.  O.  O.  O.	d) He contr emplo	alth benefits, routions to your benefit and deferred pensation  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0.  0.  0.  0.  0.  0.
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Stee Pre Mik Vic Jim Sec Bri Tre Chr Boa Nia Boa Kri Boa Kri Boa Joh Boa	Check if the organization used Schedule O to response to the content of the conte	pond to any ques  (b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	Stion in this Part IV  (c) Reportable Compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) He contr emplo	alth benefits, abutions to yee benefit and deferred pensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0.
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Page 3

Pa	Int V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Sch. O to respond to any question in this			х			
			Yes	No			
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 0						
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	34	}	x			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)						
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	35a	1	х			
	on lines 2, 6a, and 7a, among others)?  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						
	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	35b	N/A	<u> </u>			
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000	$\vdash$	<del></del> -			
	complete applicable parts of Schedule N	36		х			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	.[					
b	Did the organization file Form 1120-POL for this year?	37b	j	х			
38 a	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?	38a		x			
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b N/A	1					
39	Section 501(c)(7) organizations. Enter:	Į					
а	Initiation fees and capital contributions included on line 9  39a N/A	1	'	ļ			
	Gross receipts, included on line 9, for public use of club facilities  N/A	ł	ł	i			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1					
	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.	l		i			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	405	1	х			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	100	-				
·	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ĺ					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed						
	by the organization • 0.						
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ł					
	transaction? If "Yes," complete Form 8886-T	40e		х			
41	List the states with which a copy of this return is filed None						
42 a	The organization's books are in care of ▶ Brian G. Markley Telephone no. ▶ 484-557-						
		9008	_				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes	_			
	account)?  If "Yes," enter the name of the foreign country:	42b	-	X			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	1	1 1				
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	х			
•	If "Yes," enter the name of the foreign country:		<u></u>				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		<b>•</b>				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A					
			Yes	No			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of						
	Form 990-EZ	44a		Х			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1					
	of Form 990-EZ	44b	1	Х			
	Did the organization receive any payments for indoor tanning services during the year?	44c	$\vdash$	X			
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation						
AE.	In Schedule O	440	$\vdash$	х			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a	$\vdash$				
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		х			
_			90-EZ				
5321	73_			,,			

532174 12-02-15

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

**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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Association of Notre Dame Clubs, Inc. - Employee

Inspection

Employer identification number

OMB No 1545-0047

	Philad	lelphia					31	-1075494		
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	ıs part ) Se	e instructions				
The orga	he organization is not a private foundation because it is. (For lines 1 through 11, check only one box )									
1	A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ))					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organiz	•				•	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). (0		J ,							
6	A federal, state, or local go		nental unit described in	section 17	70(Б)(1)(А)	(v).				
7	An organization that norma						e general	public described in		
	section 170(b)(1)(A)(vi). (C	-		. 3			3			
8	A community trust describe		(1)(A)(vi), (Complete Par	t II )						
9 🗀	An organization that norma				contribution	ons, membersl	no fees, a	nd gross receipts from		
• —	activities related to its exer									
	income and unrelated busin							-		
	See section 509(a)(2). (Co		(1000 000 000 000 000 000 000 000 000 00				,			
10	An organization organized		ively to test for public sa	fetv. See	section 50	9(a)(4).				
11 X							rry out the	purposes of one or		
	more publicly supported or	•	•	•		-	•	• •		
	lines 11a through 11d that	-								
a [	Type I. A supporting orga	• •			•		-	giving		
	the supported organization	•	•							
	organization You must o							5		
ь	Type II. A supporting org			tion with it	s supporte	ed organizatioi	n(s), by ha	ving		
	control or management of	•				_		=		
	organization(s). You mus			•		`		,		
c 🖸	Type III functionally inte	·		ın connec	tion with, a	and functional	v integrate	ed with.		
	its supported organizatio					_	, ,	,		
d [	Type III non-functionally						ted organi	zation(s)		
	that is not functionally in						_	• •		
	requirement (see instruct	· .	T			-1				
e [	Check this box if the orga	•	•				I, Type III			
	functionally integrated, o						, ,,			
f En	ter the number of supported		, , , , , , , ,					1		
	ovide the following information		ed organization(s)	•			-			
	(ı) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the o		(v) Amount of	monetary	(vi) Amount of		
	organization		(described on lines 1.9 above (see instructions))	listed i governing o	document?	support (		other support (see		
			above (see instructions))	Yes	No	Instruction	ons)	instructions)		
Univers	sity of Notre Dame du									
Lac		35-0868188	2	х			11,600.			
,										
		1		)						
								····		
		<u></u>		<u> </u>						
				L						
	<u> </u>									
Total		ļ		l			11,600.	0.		

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Sch	edule A (Form 990 or 990-EZ) 2015 Pt	niladelphia	Notice Dame Ci	•		31-107549	i ago a		
Pa	rt II Support Schedule for	Organizations	s Described in	Sections 170	(b)(1)(A)(īv) an	id 170(b)(1)(A)(i	vi)		
	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III. If the	e organizatıon		
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)					
Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not		1	(	1	Í	ĺ		
	include any "unusual grants ")					1	ļ		
2	Tax revenues levied for the organ-		<del></del>	<del></del>			<u> </u>		
_	ization's benefit and either paid to			,	j	)	•		
	or expended on its behalf			<b>i</b>					
3	The value of services or facilities				<del> </del>	1			
•	furnished by a governmental unit to					1	ļ		
	the organization without charge	İ			1	ł	ł		
4	Total. Add lines 1 through 3				<u> </u>	<del> </del>	<del></del>		
5	The portion of total contributions					<del> </del>	[		
•	by each person (other than a			]	J		ļ		
	governmental unit or publicly				}	İ			
	supported organization) included			}	ł		<b>!</b>		
	on line 1 that exceeds 2% of the								
	amount shown on line 11,				ţ	Î	ĺ		
	column (f)								
6	Public support. Subtract line 5 from line 4		<del></del>		f	<del> </del>			
	ction B. Total Support		<u> </u>		<del>1</del>	·			
	indar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	(4) 2011	(0) 2012	(6) 2013	(4) 2014	(6) 2013	(i) iolai		
8	Gross income from interest,	<del></del>	<del></del>			<del>                                     </del>			
	dividends, payments received on	i L			İ		ł		
	securities loans, rents, royalties								
	and income from similar sources		ĺ	[	ĺ	1	[		
^	Net income from unrelated business	<del></del>	<del></del>			<del>                                     </del>			
9						1			
	activities, whether or not the		}	ļ		1			
40	business is regularly carried on	<del> </del>				<del>                                     </del>			
IU	Other income Do not include gain		ł	ł	1	1	1		
	or loss from the sale of capital		1	,			1		
	assets (Explain in Part VI.)	<del></del>	<del> </del>		<del>                                     </del>	<del>                                     </del>	<del> </del>		
	Total support. Add lines 7 through 10	oto (005 :========	L	L	<del></del>	101	L		
	Gross receipts from related activities,					12			
13	First five years. If the Form 990 is for	_	s tirst, second, thii	a, tourth, or titth t	ax year as a section	on 50 I (c)(3)	_		
50	organization, check this box and stor ction C. Computation of Publ		rcentage						
_	<del></del>			1 (0)	<del></del>	144			
	Public support percentage for 2015 (			column (t))		14			
	Public support percentage from 2014					15			
16a	33 1/3% support test - 2015. If the c	•		•	14 is 33 1/3% or	more, check this b	ox and		
	stop here. The organization qualifies		-				▶└_┙		
t	33 1/3% support test - 2014. If the	•			d line 15 is 33 1/39	% or more, check to	his box		
	and stop here. The organization qual						▶∟∟		
178	10% -facts-and-circumstances tes								
	and if the organization meets the "fac					art VI how the organ	nization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								

Schedule A (Form 990 or 990-EZ) 2015

b 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

# Schedule A (Form 990 or 990-EZ) 2015 Philadelphia 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

Se	ction A. Public Support	olovi, ploade dolli	pioto : u. t ii j			· · · · ·	
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						ļ
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5				<del> </del>	<del> </del>	
78	Amounts included on lines 1, 2, and		†		}	1	ł
t	3 received from disqualified persons  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						
•	Add lines 7a and 7b						
_8_	Public support. (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	e Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)					== F01/=\/0\ = = =	
14	,	r tne organization	s tirst, second, thi	a, rountn, or titth t	ax year as a secti	on out (c)(3) organi	tation,
Sa	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage		<del></del> _		
_	Public support percentage for 2015 (			column (ft)		15	%
16	Public support percentage from 2014	• • • • • • • • • • • • • • • • • • • •	•			16	
	ction D. Computation of Inve					1101	
17						17	%
18	Investment income percentage from	•	•			18	
	a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than	<b>.</b>	
	more than 33 1/3%, check this box a	•					▶□
ı	33 1/3% support tests - 2014. If the		-		-		and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization					-	▶□
5320	23 09-23-15					edule A (Form 99	or 990-EZ) 2015

Page 4

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A.	Αİİ	Supporting	Organiza	tions
------------	-----	------------	----------	-------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
	1	х	
	2		х
	<b>3</b> a		<u>x</u>
	Зь		· 
	30		
	3c		
	<b>4</b> a		х
	<b>4</b> b		
	4c		
	5a		
	5b		
	5c		
	6		x
			İ
	7		Х
	8		x
			х
	9a		-
	9b		×
	9c		x
	_ <del>5</del>		<del></del>
	10a		<u>x</u>
	10b		
m 9	90 or 99	0-EZ)	2015

532024 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

🔟 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2015

3

3

4

5

Enter greater of line 2 or line 3

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Part V Type III Non-Functionally In	tegrated 509	(a)(3) Supporting Orga	anizations (continued)	1 age					
Section D - Distributions	=			Current Year					
1 Amounts paid to supported organizations to	accomplish exe	empt purposes							
2 Amounts paid to perform activity that direct									
organizations, in excess of income from acti	ļ								
	Administrative expenses paid to accomplish exempt purposes of supported organizations								
4 Amounts paid to acquire exempt-use assets									
	Qualified set-aside amounts (prior IRS approval required)								
6 Other distributions (describe in Part VI). See		<del> </del>		<u> </u>					
7 Total annual distributions. Add lines 1 thro									
8 Distributions to attentive supported organization		the organization is responsive							
(provide details in Part VI). See instructions.		o. gai iiatiori io rooporiori	•						
Distributable amount for 2015 from Section									
Line 8 amount divided by Line 9 amount	O, III IC O								
C Ellie Cambant divided by Ellie S amount		(i)	(ii)	(iii)					
ection E - Distribution Allocations (see instruc	ctions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015					
Distributable amount for 2015 from Section	C, line 6		· <u> </u>						
2 Underdistributions, if any, for years prior to 2	2015			ŀ					
(reasonable cause required-see instructions	)								
3 Excess distributions carryover, if any, to 201	15·								
a									
b									
c									
<b>d</b> From 2013									
e From 2014	_								
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2015 distributable amount									
i Carryover from 2010 not applied (see instru-	ctions)								
j Remainder Subtract lines 3g, 3h, and 3i fro	m 3f								
4 Distributions for 2015 from Section D,									
line 7 \$									
a Applied to underdistributions of prior years									
b Applied to 2015 distributable amount		****							
c Remainder Subtract lines 4a and 4b from 4		<u> </u>	_						
5 Remaining underdistributions for years prior			<del></del>						
any Subtract lines 3g and 4a from line 2 (if				)					
greater than zero, see instructions)		}							
6 Remaining underdistributions for 2015 Sub	tract lines 3h								
and 4b from line 1 (if amount greater than ze				1					
instructions).	,								
7 Excess distributions carryover to 2016. A	dd lines 3:			<del></del>					
and 4c									
8 Breakdown of line 7:		<del></del>	<u> </u>						
			<del></del>	<del> </del>					
<u>a</u> b	<del></del>	<del>                                     </del>	<del></del>	<del> </del>					
c Excess from 2013	<del></del>	<del>                                     </del>		<del> </del>					
d Excess from 2014	<del></del>	<del>                                     </del>		<del> </del>					
	<del></del>			<del> </del>					
e Excess from 2015		<u> </u>	l	<u> </u>					

Schedule A (Form 990 or 990-EZ) 2015

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  (See instructions)
Section D, Line 2
The Association of Notre Dame Clubs, Inc Philadelphia (supporting
organization) maintains a close and continuous working relationship
with the University of Notre Dame du Lac primarily via Clubs' volunteer
staff, University alumni management personnel, and both regional
directors and the national alumni board of directors. The contact with
officers of the clubs is maintained by staff through proactive outreach
based on election cycles of each individual club, on-boarding new
officers, ongoing contact and support via phone, email, and social
media, as well as formal reporting of club activity on an annual basis.
Club support is maintained through active outreach on the part of the
University to the Clubs through regular periodic update sessions made
available to the Club as well as frequent contact initiated by Club
officers to the Association.
Section D, Line 3
The Club maintains minimal investable assets, so no investment policy
input is needed from the supported organization. This is also the case
because funds raised by the Club are typically at least annually
forwarded to the supported organization, whose management investment
expertise would then control asset allocation and investment policies,
and determine scholarship recipients related to funds received from the
Club. As mentioned above, the close and continuous working
relationship is maintained by regular interactions between the Alumni
Association (dedicated arm of the supported organization) and the Club
officers and board members, both by means of formal periodic training
sessions for the Club and unlimited informal access by phone, email,
532028 09-23-15 Schedule A (Form 990 or 990-FZ) 2015

### **SCHEDULE 0**

(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 Open to Public

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

Inspection

Name of the organization Association of Notre Dame Cl Philadelphia	ubs, Inc	Employer identification number 31-1075494
		31 20 32 2
Form 990-EZ, Part I, Line 4, Other Investment Income		
Description of Property:	Amount:	
Interest Income	13.	
Form 990-EZ, Part I, Line 10, Grants and Allocations	J:	
Activity Classification: Scholarship		
Grantee Name: University of Notre Dame - Summer Serv	rice Program	
Grantee Address: University of Notre Dame Notre Dame	, IN 46556	
Amount Given:	11,600.	
Activity Classification: Donation  Grantee Name: For Pete's Sake  Grantee Address: 900 S. Front Street Philadelphia,	PA 19147	
Amount Given:	1,000.	
Total included on Form 990-EZ, line 10	12,600.	
Form 990-BZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:	Amount:	
Universal Notre Dame Night	9,472.	
Communion Breakfast	337.	
Pootball Tickets/Game Bus Trips	7,800.	
Alumni Club Fundraiser/Golf Outing	30,052.	
Meetings/Conferences	1,564.	
Current Student Support	1,993.	
Alumni Club Fellowship Activities UND-Temple Game	225,890.	
LHA For Paperwork Reduction Act Notice, see the Instructions fo 532211 09-02-15	or Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2015)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Association of Notre Dame Philadelphia	Clubs, Inc	Employer identification number 31-1075 494
5K Race Event		2,305.	
Miscellaneous Expenses		7,907.	
Alumni Club Activities	preceeding ND Men's NCAA To	ournament	
Games		8,000.	
Voice of Faith Concert	event	1,839.	
Paypal Fees		1,161.	
Total to Form 990-EZ,	line 16	298,320.	
Form 990-EZ, Part III,	Primary Exempt Purpose -	To operate exclusively	
for religious, charita	ble, scientific, literary o	r educational purposes	
within the meaning of	Internal Revenue Code secti	on 501(c) (3) by:	
a. Promoting the inter	ests and welfare of the Uni	versity of Notre Dame;	
b. Fostering and conti	nuing the moral, spiritual	and intellectual	
ideals taught and insp	rired by the University;		
c. Supporting the Univ	ersity administration in ca	rrying out its	
educational policies &	programs of service for the	e establishment and	
maintenance of the Uni	versity as a leader among A	merican and Catholic	
Universities;			
d. Assisting in securi	ng financial support for th	e needs of the	
University;			
e. Lending support to	projects and activities of	students of the	
University, including	assisting the educational o	pportunities of these	
students through spons	orship and support of Unive	rsity scholarship	
programs, and;			
f. Developing alumni f	ellowship and community thr	ough the establishment	<u> </u>
	al and regional Notre Dame		
LHA For Paperwork Reduc 532211 09-02-15	tion Act Notice, see the Instruction	ns for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2015)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Association of Notre Dame Clubs, Inc. Employer identification number

Philadelphia	31-1075494
Porm 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:	
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)	
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Name of the organization Association of Notre Dame Clubs, Inc. - Employer identification number 31-1075494

Philadelphia			31-1075494	
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one en	ven if not compensated	(see the instructions for	or Part IV)
(a) Name and title	(b) 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
John Delaney				
Board Member	1.00	0.	0.	0.
Jim Mahon				
Board Member	1.00	0.	. 0.	0.
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			- Landada O / Cana	990 or 990-E7)