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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 1545-0047

Inspection

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 and its instructions is at www.irs.gov/form990.

Open to Public

A F	or th	e 201	5 calendar year, or tax year beginning 07/01, 2015, and e	ending	<u> </u>	06/30		
D			C Name of organization		D Employer Ide		umber	
B C	hock if ap ∽		M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC		52-601	8880		
	Addres	53 0	Doing business as					
	Name	change	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephone nu	mber		
	Initial	retum	2707 XFINITY CENTER		(301) 31	4-9289		
	Fināi r termis		City or town, state or province, country, and ZIP or foreign postal code					
	Amen	bet	COLLEGE PARK, MD 20742		G Gross receipts	\$\$	109	,689
	Applic pendir	ation	F Name and address of principal officer KEVIN GLOVER		H(a) Is this a ground subordinates		Yes	X No
		•	2707 XFINITY CENTERTERRAPIN TRAIL COLLEGE PARK	, MD 2	H(b) Are all subord		Yes	N
	Tax-exe	empt st	atus: X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	If "No," attac	ahalıst (seeın	structions)	
)	Websi	te: 🕨	WWW.THEMCLUB.ORG		H(c) Group exem	ption number	>	
(Form o	of organ	nization X Corporation Trust Association Other L	Year of forma	tion: 1923 M	State of lega	al domicile.	MD
Pa	art l	Su	immary					
	1	Briefly	y describe the organization's mission or most significant activities: TO PROMOTE	THE WE	ELFARE OF	THE UN	IVERS	ITY
ė		OF	MARYLAND BY UNDERTAKING ACTIVITIES IN SUPPORT OF	THE UN	IVERSITY	 3		
Governance		INT	ERCOLLEGIATE ATHLETIC PROGRAM					
E	2	Check	k this box if the organization discontinued its operations or disposed of mo	ore than 25%	6 of its net assets	 S.		
30			per of voting members of the governing body (Part VI, line 1a)			3		20.
త			per of independent voting members of the governing body (Part VI, line 1b)			4		20.
es			number of individuals employed in calendar year 2015 (Part V, line 2a)			5		0.
ctivities			number of volunteers (estimate if necessary)			6		20.
Act	72	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		0.
			nrelated business taxable income from Form 990-T, line 34			7b		0.
_	- 5	IVEL U	Inclated business taxable incurre from Form 330-1, line 34		Prior Year		Current Y	
		Coote	whytians and grants (Part VIII line 1h)	 	13,70			,035.
Revenue	8	Contr	abutions and grants (Part VIII, line 1h)	• • •		0.		0.000
Ver	9	Progr	am service revenue (Part VIII, line 2g)	· · ·	101,68		95	,879.
æ		inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	· · ·	-3,91			,767.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• • •	111,47			,147.
_			revenue - add lines 8 through 11 (must equal Part VIII, column:(A), line 12)		44,36			, 147. , 795.
	1		s and similar amounts paid (Part IX, column (A), lines 1-3)	· · ·	44,30	0.		
	14		fits paid to or for members (Part IX, column (A), line 4)			0.		<u> </u>
es			ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)					0.
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)	· · ·		0.		0.
Ϋ́			fundraising expenses (Part IX, column (D), line 25) ▶ U.		70.05			
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		78,95			,236.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		123,31			,031.
. "#	19	Reve	nue less expenses. Subtract line 18 from line 12		-11,84			,884.
S S	ļ			Begir	nning of Current		End of Yea	
ssets or Balances	20	Total	assets (Part X, line 16)		2,690,29		2,542	
₹ <u>₽</u>	21		liabilities (Part X, line 26)		7,03			,436.
2 <u>5</u>		Net a	ssets or fund balances. Subtract line 21 from line 20		2,683,26	3.	2,532	<u>,947.</u>
	ırt li		gnature Block					
Un	der per	nalties	of perjury, I declare that I have examined this return, including accompanying schedules and I complete. Declaration of preparer (other than officer) is based on all information of which prepares	statements,	and to the best of	my knowle	dge and be	elief, it is
110	<u>, , , , , , , , , , , , , , , , , , , </u>	1		ardi nad arry n		2 /	7	
<u>.</u>			f-17.10m		1-1	1-1	/	
Sig			Signature of officer		Date '	1	•	
He	re		KEVIN GLOVER EXECUTIVE	DIRECTO	R			
			Type or print name and title					
٠		Print	Type preparer's name Preparer's signature Dat	e_)	Check	If PTIN		
ai		5	Tephen & Josef Stephen Cart	2/1/	self-employ		106517	79
	parer Only	Firm'	sname DAVIS, JOSEY, & KEATING, LLO		Firm's EIN ▶ 5			
, s t	- Unity	Firm's	s address ▶2661 RIVA ROAD, SUITE 1040 ANNAPOLIS, MD 21401			10 974		
Лa	y the I	RS dis	scuss this return with the preparer shown above? (see instructions)			X	Yes	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			,	Form 99(

	n 990 (2015) Page
Pa	rt III. Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO PROMOTE THE WELFARE AND ADVANCEMENT OF THE UNIVERSITY
	OF MARYLAND BY UNDERTAKING ACTIVITIES IN SUPPORT OF THE UNIVERSITY'S
	INTERCOLLEGIATE ATHLETIC PROGRAM AND PROVIDE FUNDS FOR ATHLETIC
	SCHOLARSHIPS AND AWARDS.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program, services?
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 22,295. including grants of \$) (Revenue \$) PRESIDENT'S CUP AWARDS
,	
4b	(Code: ·) (Expenses \$ 5,000. including grants of \$) (Revenue \$)
	PAYMENTS TO THE UNIVERSITY OF MARYLAND AND OTHER U.S.
	UNIVERSITIES FOR THE PROVISION OF STUDENT SCHOLARSHIPS.
40	(Code) (Expenses \$ 3,500. including grants of \$) (Revenue \$)
40	CONTRIBUTIONS MADE TO UNIVERSITY OF MARYLAND AND OTHER PUBLIC
	CHARITIES FOR VARIOUS SPORTS TEAM NEEDS AND ACADEMIC SUPPORT.
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 30,795.

Part 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	х	
_	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
2	Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	2		Х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	i	X
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		' j	
	·	-	·	х
_	Part III	5		
6	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	1	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? <i>If</i> "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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		1	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1	37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		$\frac{x}{x}$
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's separate of consolidated financial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	.	х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 11		
120	Schedule D, Parts XI and XII	12a	x	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ <u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	19	ł	Х
		- 3		<u> </u>

Fait	Checkist of Required Schedules (Continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	↓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		,,	ĺ
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	├
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		}	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23		X
24 a	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	1	,	v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
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		├
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	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	1		1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	251		х
••	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			İ
	current or former officers, directors, trustees, key employees, highest compensated employees, or	200		X
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		
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	}	x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u> </u>
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		ĺ
_	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	ĺ	x
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
b	Schedule L. Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		 -
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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 more than \$25,000 in hor cash contributions in Tes, complete schedule M	-23		
30	conservation contributions? If "Yes," complete Schedule M	30	l	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			`
٥.	Part I	31	1	х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
0_	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	} {	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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,	,		i
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
		Form	990	/201E

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance		·	
	Check if Schedule O contains a response or note to any line in this Part V			\Box
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0.			;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1	1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_ <u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. .)]	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			X
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.	- 1	х
	required to file Form 8282?	7c	وحت	
	If "Yes," indicate the number of Forms 8282 filed during the year			X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		$\frac{x}{x}$
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	·	7h	-+	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	زنند		, i
8	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	بخد		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources		- 1	
	against amounts due or received from them.)			<u>.</u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		- د اسط
	Note. See the instructions for additional information the organization must report on Schedule O.		#	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		ان	77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>x</u>
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	
	A / AAA	FOR	II /	レルコラ

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• • •		
Secti	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2			
	If there are material differences in voting rights among members of the governing body, or if the governing				1
	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 2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lationship with			
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or un				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		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 el				
14	one or more members of the governing body?		7a		x
.	Are any governance decisions of the organization reserved to (or subject to approval				
υ	stockholders, or persons other than the governing body?		7b		x
0	•				
8	Did the organization contemporaneously document the meetings held or written actions und	erraven anning			
	the year by the following:		8a	X	
a	The governing body?		8b	X	
_	Each committee with authority to act on behalf of the governing body?		90		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Socti	on B. Policies (This Section B requests information about policies not required by the Int			-	
Occi	ON B. 1 Choice 17110 Coolion B Toquesic Mileninghon about policios net required by the line	orride (to voride	0000	Yes	No
40	Did the assessment is a house local absorber broadbas or offiliates?		10a		Х
	Did the organization have local chapters, branches, or affiliates?		104		-
D	If "Yes," did the organization have written policies and procedures governing the activities of		10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		11a		x
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	iling the form?.	TI a	عتان	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		120		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that could give	426		}
	rise to conflicts?		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	40-)
	describe in Schedule O how this was done		12c		-
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14	-	A
15	Did the process for determining compensation of the following persons include a review ar				Ť
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a		-
b	Other officers or key employees of the organization		15b	المناو	م الم
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	_			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?	<u></u>	16b		<u> </u>
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	d 990-T (Section	1 501(d	c)(3)s	only)
	available for public inspection Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Sci	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	ts, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.			•	
20	State the name, address, and telephone number of the person who possesses the organization's KEVIN GLOVER XFINITY CENTER COLLEGE PARK, MD 20741-0295	books and record	ds.►		
	KEVIN GLOVER XFINITY CENTER COLLEGE PARK, MD 20/41-0295 301-314-9289	, ———————			
JSA 5E1042	2.1.000		Form	990	(2015)

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee, (C) Position (B) (A) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of veek (list any officer and a director/trustee) from related other hours for the organizations compensation Highest compensated employee individual trustee nstitutional organization (W-2/1099-MISC) related from the director employee (W-2/1099-MISC) organizations organization below dotted and related organizations line) _(1)KEVIN GLOVER EXECUTIVE DIRECTOR Х 0. 0. 0. (2) JESSICA ECHARD PRESIDENT ELECT Х 0. 0. 0. (3)DAN DEARMUS VICE PRESIDENT Х 0 0 0. (4)ROB DURU Х PRESIDENT 0 0 0. (5)MARSHALL FESCHE TREASURER Х 0 0. 0. (6)ED BAILOR SECRETARY Х 0. 0. 0. __(8)_____ _ (9)______ $(11)_{-}$ $(12)_{-}$ $(13)_{-}$

Form 990 (2015)

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/t					an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
		† – – -								
					1					
		-								
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	ection A Ilmited to t	hose	 liste	· ·	· ·	· · ·	→ → o re	0. 0. 0. eccived more than	0. 0. \$100,000 of	0 0
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede 4 For any individual listed on line 1a, is the organization and related organizations greater 	er, directoule J for sur sum of rep	or, or ch ind	tri <i>livid</i>	lual com	 iper	 nsatio	 па	nd other compens	sation from the	Yes No
 individual	accrue co	 mper	 sat	 ion	 fror	 n any	, un	related organization	on or individual	4 X
Section B. Independent Contractors				`						
1 Complete this table for your five highest com- compensation from the organization. Report of year										
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
			-				-			
				_			#			
2. Total number of independent contractors (i	naludina h	t. no	4 1			. 41		lintad about Vision		

more than \$100,000 in compensation from the organization ▶

Part	VIII	Statement of Reven Check if Schedule O co		onse or note to any	√line in this Part \	/111		Γ
•			The a resp.	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
ស ស	1a	Federated campaigns	1a	T		,	}	
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues		2,400.	į) 1		
A S	C	Fundraising events	_	1		,	'	<u> </u>
2 2	d	Related organizations				<i>t</i> 		;
E, E		Government grants (contribu				i	ŀ	,
I S	f	All other contributions, gifts,					İ)
호축	•	and similar amounts not included		8,635.		,		
	_	Noncash contributions included i		- 	,	1	<u>'</u>	į.
ತಿ ಕ್ಟ	g h	Total. Add lines 1a-1f	ın iines ia-ii. Ψ		11,035.		<u> </u>	ľ
e e		10447.40		Business Code			,	· · · · · · · · · · · · · · · · · · ·
Ven	2a							1
å	Za h			1				
8				1 1				
6	C			1			†	
Program Service Revenue	a			·			 	
Ja	e						 	
Š.	T g	All other program service rev Total. Add lines 2a-2f	enue	—	0.	7		,
-			cluding divide	1		<u></u>	A SECULIAR S	
	3	and other similar amounts).	Cidding dividi ATTACHMEN	ends, interest,	35,877.			35 07
Ì					0.	 -	 	35,87
ļ	4	Income from investment of			0.		+	
	5	Royalties	(i) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·		·	
1			(i) Real	(II) Felsolial			1 1 1	l)
	6a	Gross rents		 		(
	b	Less: rental expenses			ļ	}		ľ
	C	Rental income or (loss)					- 	
	d	Net rental income or (loss).		·····	0.		 	·
	7a	Gross amount from sales of	(i) Securities	(iı) Other				ĺ,
ŀ		assets other than inventory		60,002.		1	<u>}</u>	ļ.
ļ	b	Less: cost or other basis					<u>'</u>	. [
- /		and sales expenses			•	'	#	
}	c	Gain or (loss)	L	60,002.			<u> </u>	-
ļ	d	Net gain or (loss)		. <u></u>	60,002.		<u> </u>	60,002
a	8a	Gross income from fundra	arsing] [,	'		<u>'</u>	<u>}</u>
ng		events (not including \$		ľ		1	ļ.	ľ
ě		of contributions reported on	line 1c).			i (}
<u> </u>		See Part IV, line 18	-	a 2,775.	!	,		,
Other Revenue	ь	Less direct expenses		b 25,542.		, -	! •	
١	c		undraising event	ts.ATCH 2 ▶	-22,767.			-22,767
	9a	Gross income from gaming		1 !		,		
}		See Part IV, line 19		a			2.7	ŀ
	b	Less: direct expenses		b			1	
1	c	Net income or (loss) from g			0.			
ļ	10a	Gross sales of invent				·	1	
ı		returns and allowances , .		a			ľ	
1	ь			1 6				
ļ		Net income or (loss) from sa			0.			
Ī		Miscellaneous Revenu	ue	Business Code			1	(
į	11a							<u> </u> -
ŀ	b						1	1
ļ	-						 	
}	ت ب	All other revenue					 	
}	<u> </u>	Total. Add lines 11a-11d			0.		1	1
l	е 12	Total revenue. See instruction			84,147.			77 110
JSA	14	i otal revenue. See monucuo	0113		04,147.	L		73,112

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any lin	e in this Part IX	 	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	30,795.	30,795.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign	}			
	individuals. See Part IV, lines 15 and 16	0.			•
4	Benefits paid to or for members	0.			,
	Compensation of current officers, directors,				
J	trustees, and key employees	0.			
_					
Ь	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	0.			
	Other salanes and wages	0.			
8	Pension plan accruals and contributions (include	0.	,		
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits		_		
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.			
c	Accounting	7,980.		7,980.	
d	Lobbying	0.			······································
	Professional fundraising services See Part IV, line 17,	0.		-· <u>-</u>	
1	Investment management fees	26,039.		26,039.	
9	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	1,200.		1,200.	
15	Royalties	0.			
16	Occupancy	25,000.		25,000.	
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19		0.			
20		0.			
	Payments to affiliates	0.			
21	-	0.			
22	Depreciation, depletion, and amortization	3,104.		3,104.	
23		2,201.			
24	·		j		
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column	1			
	l l				
	(A) amount, list line 24e expenses on Schedule O) BANK SERVICE CHARGES	2,196.		2,196.	
_	· 			6,492.	
_	MISCELLANEOUS ADMIN EXPENSES	6,492.			
•	OPERATING AGREEMENT	13,225.		13,225.	·
	·				
	All other expenses	116 021	20 705		
	Total functional expenses. Add lines 1 through 24e	116,031.	30,795.	85,236.	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	_			
AZI	following SOP 98-2 (ASC 958-720)	0.			

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r ei	rt X	Balance Sheet Check if Schedule O contains a response or note to a	any line in this Pa	ırt X		
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		67,904.	1	22,199
	2	Savings and temporary cash investments		5,027.	2	5,028
	3	Pledges and grants receivable, net	0.	3	0	
1	4	Accounts receivable, net		0.	4	745
- 1	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensate				
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defin 4958(f)(1)), persons described in section 4958(c)(3)(B), and contril and sponsoring organizations of section 501(c)(9) voluntary emploorganizations (see instructions). Complete Part II of Schedule L	buting employers livees' beneficiary	0.	5	0
ets	7	Notes and loans receivable, net		0.	7	0.
Assets	8			0.	8	0.
	9	Inventories for sale or use Prepaid expenses and deferred charges	ATCH 3	25,000.	9	35,636.
ļ	10 a	Land, buildings, and equipment; cost or			_	
Ì		other basis. Complete Part VI of Schedule D 10a	9,200.			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	9,200.	. 0.	10c	0.
i	11	Investments - publicly traded securities	ATCH 4	2,392,301.	11	2,478,775.
	12	Investments - other securities See Part IV, line 11	<u>L</u>		12	0.
}	13	Investments - program-related. See Part IV, line 11	0.	13	0.	
	14	Intangible assets	L		14	0.
1	15	Other assets See Part IV, line 11		0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		2,690,298.		2,542,383.
	17	Accounts payable and accrued expenses	7,035.	17	9,436.	
	18	Grants payable	0.		0.	
	19	Deferred revenue		0.	19	0.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Sci	nedule D	0.	21	0.
Se Se	22	Loans and other payables to current and former office			į	
ij		trustees, key employees, highest compensated en		_		
Liabilities		disqualified persons Complete Part II of Schedule L			22	0.
_	23	Secured mortgages and notes payable to unrelated third par		0.		0.
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	0.
	25	Other liabilities (including federal income tax, payables t			ľ	
		parties, and other liabilities not included on lines 17-24). C	Y	•	-	
		of Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25		7,035.	26	9,436.
sec		Organizations that follow SFAS 117 (ASC 958), check her complete lines 27 through 29, and lines 33 and 34.				<u>,</u>
lan	27	Unrestricted net assets		2,683,263.	27	2,532,947.
Ba	28	Temporarily restricted net assets		0.	28	0.
nd	29	Permanently restricted net assets		0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	- 4		• •	
ets	30	Capital stock or trust principal, or current funds		··	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fun	d		31	
¥ 4	32	Retained earnings, endowment, accumulated income, or other			32	
ž	33	Total net assets or fund balances		2,683,263.	33	2,532,947.
	34	Total liabilities and net assets/fund balances		2,690,298.	34	2,542,383.

FORIII 92					Pa	ıge ı∡
Part	XI Reconciliation of Net Assets					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI		· · · · ·			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> </u>	147.
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	16,	031.
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,6	83,	263.
5	Net unrealized gains (losses) on investments	5		-1	18,	432.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2,5	32,	947.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaır	ıın			
	Schedule O.		- 1	ľ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:		}	.]		Ì
	Separate basis Consolidated basis Both consolidated and separate basis		}	l		ı
b	Were the organization's financial statements audited by an independent accountant?			2b	X	ļ
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:			ļ		l
	X Separate basis Consolidated basis Both consolidated and separate basis		ĺ	1		l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	aht	}		}
_	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, e		ſ			
	Schedule O.	φ.σ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	חוו	-		
Ju	the Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь	j	
				Form !	990	(2015)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number 52-6018880

M (CLUE	FOUNDATION UNIVER	SITY OF MARY	LAND INC			52	-6018880		
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	i.		
The	orga	nization is not a private four	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)			
1		A church, convention of chu	irches, or associat	ion of churches descr	ibed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ))			
3		A hospital or a cooperative	hospital service of	rganization described i	n sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	ation operated in o	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	ate:							
5	X	An organization operated f	or the benefit of	a college or universit	y owner	d or ope	rated by a governme	ental unit described in		
	section 170(b)(1)(A)(iv). (Complete Part II)									
6		A federal, state, or local go	vernment or gover	nmental unit describe	d in <mark>sect</mark>	ion 170(b)(1)(A)(v).			
7		An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)	(1)(A)(vi). (Comple	ete Part II.)						
8		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete	Part II.)					
9		An organization that norma	ally receives. (1) m	nore than 331/3% of	its suppo	ort from	contributions, memb	ership fees, and gross		
		receipts from activities rela	ated to its exempt	t functions - subject	to certa	in excep	tions, and (2) no mo	re than 331/3% of its		
		support from gross invest	ment income and	d unrelated business	taxable	e income	e (less section 511	tax) from businesses		
		acquired by the organization	n after June 30, 19	75. See section 509 ((a)(2). (C	Complete	Part III)			
10		An organization organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).			
11		An organization organized a	and operated exclu	usively for the benefit o	of, to per	form the	functions of, or to car	rry out the purposes of		
		one or more publicly suppo								
	_	the box in lines 11a through	11d that describe	es the type of support	ing orga	nızatıon	and complete lines 11e	∍, 11f, and 11g		
а	L	_ Type I A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving		
		the supported organizatio	n(s) the power to	regularly appoint or e	elect a m	ajority o	f the directors or trus	tees of the supporting		
	_	ຼ organizatıon. You must c o	omplete Part IV, S	ections A and B.						
b							· · ·	· / ·		
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported		
	_	_ organization(s). You must								
С	L.	্ৰ Type III functionally integ						ly integrated with,		
		_ its supported organization		· ·						
d	L		-					- , ,		
		that is not functionally inte		·			·	an attentiveness		
		requirement (see instructi	•							
е	L.	Check this box if the orga						I, Type III		
_	r-4	functionally integrated, or	• •	ionally integrated sup	porting c	organizai	ion.			
f		er the number of supported	-	· · · · · · · · · · · · · · · · · · ·						
g		ovide the following information		(iii) Type of organization	God to the		(4) 4	(st) A		
	(1) 142	ame of supported organization	(II) EIN	(described on lines 1-9	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			,	above (see instructions))	docui	ment?	instructions)	instructions)		
					Yes	No				
(A)								1		
					 					
(B)		İ								
				 	 	 				
(C)										
				<u></u>	 	 				
(D)										
					 	 				
(E)					1	1				
							,			
Tot	al _									

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

Schedule A (Form 990 or 990-EZ) 2015

JOHOGGIC A ((1 01111 000 01 000 122) 2010	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 17	70(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fa	iled to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete P	art III.)

Sec	tion 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 include any "unusual grants")	37,912.	34,648.	11,905.	13,705.	11,035.	109,205.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	37,912.	34,648.	11,905.	13,705.	11,035.	109,205.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4.						109,205.
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	37,912.	34,648.	11,905.	13,705.	11,035.	109,205.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,290.	23,471.	35,899.	31,382.	36,782.	144,824.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	55,000.					55,000.
11	Total support. Add lines 7 through 10						309,029.
12	Gross receipts from related activities, etc. (s	see instructions) .		<i></i>		12	258,740.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>	<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						25 24
14	Public support percentage for 2015 (li					14	35.34% 38.01%
15	Public support percentage from 2014					15	
16a	331/3% support test - 2015. If the o						
	this box and stop here. The organization qualifies as a publicly supported organization						
D							
179	check this box and stop here. The organization qualifies as a publicly supported organization						
174	17a 10%-racts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization				•	•	
b	10%-facts-and-circumstances test - 2						
_	15 is 10% or more, and if the orga		-				
	Explain in Part VI how the organizati						•
	supported organization				•	•	
18	Private foundation. If the organization						
	instructions				-		
			· - · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		chedule A (Form 99	

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

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

Sect	tion A. Public Support						
	dar 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 include any "unusual grants ")						<u></u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities					,	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				,	[
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf		•				
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
-	received from disqualified persons				,		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			<u> </u>		!	
n	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,					
	line 6.)			1	,		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			<u> </u>			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				. –		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		\		\	1	i
	acquired after June 30, 1975						·
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or		1]	
	loss from the sale of capital assets					1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		,,	<u></u>	<u> </u>	1	<u> </u>
14	First five years. If the Form 990 is	for the organiza			-		```
	organization, check this box and stop here			<u> </u>	<u> </u>		▶
	tion C. Computation of Public Sup					,	
15	Public support percentage for 2015 (line 8					15	<u>%</u>
16	Public support percentage from 2014 Sch			<u></u> .	<u></u>	16	<u> %</u>
Sec	tion D. Computation of Investme					, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 2015 (I					17	%_
18	Investment income percentage from 2014						%_
19 a	331/3% support tests - 2015. If the or						
	17 is not more than 331/3%, check the					•	
b	331/3% support tests - 2014. If the org						
	line 18 is not more than 331/3 %, check			-		• • •	———
20 JSA	Private foundation. If the organization	ala not check	a box on line	14, 19a, or 19b			
554						Schedule A (Form 9	730 OF 990-EZ) 2015

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 of 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.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	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.	1		
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).	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.	3a		
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.	3b		,
С	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	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	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 .	6		
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).	7	-	-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
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 .	9b		
С	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.	9c		-
10 a	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.	10a	-	
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.)	10b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ		·	Page
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	ly-integra	ated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organization	tions (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer		ed				
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations				
4	Amounts paid to acquire exempt-use assets			 			
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.			 			
7	Total annual distributions. Add lines 1 through 6.			 			
8	Distributions to attentive supported organizations to which	the organization is rest	nonsive				
Ū	(provide details in Part VI) See instructions.	the organization is resp	0110110				
9	Distributable amount for 2015 from Section C, line 6		·	 			
10	Line 8 amount divided by Line 9 amount						
	Line o amount divided by Line 9 amount	 	/!!\	/m			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а			•				
b							
С				,			
d	From 2013						
е							
f							
g	Applied to underdistributions of prior years						
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)		-				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2015 from Section						
	D, line 7 \$		ı				
a	Applied to underdistributions of prior years		·				
b	Applied to 2015 distributable amount		,				
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if						
_	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h	<u> </u>					
	and 4b from line 1 (if amount greater than zero, see						
	instructions)						
7	Excess distributions carryover to 2016. Add lines 3						
•	and 4c.		'				
8	Breakdown of line 7'	 					
	Disandown of time (
a		 					
	Excess from 2013		<u> </u>	 			
				 			
d	Excess from 2014						
е	Excess from 2015	į.	1	i ,			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;

Page 8

55,000.

and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION 2011 2012 2013 2014 2015 TOTAL

CREDIT CARD COMMISSIONS 55,000. 55,000.

TOTALS ______55,000.

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete If the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 Open to Public

Inspection Employer Identification number

M C	LUB FOUNDATION UNIVERSITY OF MARYL	AND INC	52-6018880
Pa	organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hold	d in donor advised
5	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
O	only for charitable purposes and not for the bene		
	·		
0.0	conferring impermissible private benefit?	<u> </u>	ites No
Fe	rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
_	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., rec		of a historically important land area
	Protection of natural habitat	· [—]	of a certified historic structure
	Preservation of open space	Freservation	Tot a certified historic structure
2	Complete lines 2a through 2d if the organization he	old a gualified concentration contribution i	in the form of a consequence
2	easement on the last day of the tax year.	eld a qualified conservation contribution i	Held at the End of the Tax Year
_	Total number of conservation easements		
a			2a 2b
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified	· ·	2c
d	Number of conservation easements included in (o		
•	historic structure listed in the National Register Number of conservation easements modified, trans		2d
3		isterred, released, extinguished, or termi	inated by the organization during the
	tax year >	anyation agament is legated b	
4	Number of states where property subject to conse Does the organization have a written policy reg		otion bonding of
5	violations, and enforcement of the conservation ea		- []
e	·		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, francing of violations, and enforcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	ting handling of walations and onforcing	conservation occaments during the
7		ting, harding of violations, and emorcing	conservation easements during the year
0	Does each conservation easement reported on line:	2(d) above satisfy the requirements of sec	tion 170/h)////P)//
8			
٥	and section 170(h)(4)(B)(ii)?		Yes No
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	•	ciai statements that describes the
P:	art III Organizations Maintaining Collections		er Similar Assets
	Complete if the organization answered		or ominar Addets.
4-			toyonus statement and halance show
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the form	ar assets held for public exhibition, ed	ucation, or research in furtherance of
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 public service, provide the following amounts relat		ucation, or research in furtherance of
	(i) Revenue included in Form 990, Part VIII, line 1	•	▶ ¢
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
2			
_	following amounts required to be reported under S Revenue included in Form 990, Part VIII, line 1		
a b	Assets included in Form 990, Part X		
	Paperwork Reduction Act Notice, see the Instructions fo	r Form 990.	Schedule D (Form 990) 2015

Sched	ule D (Form 990) 2015										Page 2
Par		ng Collection	ons of	Art, Hist	orical T	reasure	s, or (Other Simil	ar Asse	ts (cont	
3	Using the organization's acquisition										
	collection items (check all that app	ly):							· ·		
а	Public exhibition			d [Loan	or exchar	nge prog	grams			
b	Scholarly research			e	Other				_		
С	Preservation for future gene	rations			_						
4	Provide a description of the organ	nization's col	llections	and expla	in how t	they furt!	her the	organization	's exempt	t purpose	ın Part
	XIII.										
5	During the year, did the organization	on solicit or re	eceive d	lonations o	f art, hist	orical tre	asures,	or other simil	ar		
	assets to be sold to raise funds rath	ner than to be	e mainta	ained as pa	rt of the o	organizat	lion's co	llection?	<u> [</u>	Yes	No
Par	t IV Escrow and Custodial Ar										
	Complete if the organizat	ion answere	ed "Yes	on Form	990, Pa	art IV, Iir	1e 9, or	reported an	amount	on Forn	n
	990, Part X, line 21.										
1 a	Is the organization an agent, truste				-					-	
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII ar	nd comp	lete the fol	lowing tal	ble:					
						-		A	mount		
С	Beginning balance						1c				
d	Additions during the year					_	1d				
е	Distributions during the year										
f	Ending balance					[1f	12-1	111.0		1 1
	Did the organization include an arr									Yes	No
	If "Yes," explain the arrangement i	n Part XIII. C	neck ne	ere ir the ex	φianation (nas bee	n provia	ed on Part XII	<u> </u>		-1
Par	Endowment Funds. Complete if the organizat	tion answer	ad "Vas	" on Form	000 P	art IV lir	10				
	Complete if the organization	(a) Current		(b) Prio			years bac	k (d) Three	mara bank	(a) Four	rears back
			 -	(0) 7110	i yeai	(6) 180	years bac	(d) Three s	rears back	(e) Four y	ears back
1 a	Beginning of year balance					 -					
b	Contributions					 					
С	Net investment earnings, gains,							ľ	-		
	and losses										
ď	Grants or scholarships										
е	· · · · ·					-					
_	and programs					<u> </u>					
T	Administrative expenses			· · · · · · · · · · · · · · · · · · ·		 					
g	End of year balance		nt voor d	and halana			(a)) hald				
z a	Provide the estimated percentage Board designated or quasi-endown			%	e (iii le 1g,	, willing	(a)) Helu	a5.			
b	Permanent endowment			_ ^-							
	Temporarily restricted endowment		%								
	The percentages on lines 2a, 2b, a		d equal 1	100%.							
3a	Are there endowment funds not in				tion that	are held	and ad	ministered for	the		
	organization by:									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the relat-	ed organizati	ions liste	d as require	ed on Sch	nedule R?				3b	
4	Describe in Part XIII the intended										
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment.	red "Vo	e" on For	~ 000 E	2art IV 1	ina 11a	Soo Form	000 Por	+ V lina	10
	Description of property	(a) Cost or	other basis		or other bas		Accumulated		1) Book valu	
			(invest	tment)		other)		depreciation	ļ		-
1a	Land				ļ						
b	Buildings										
C	Leasehold improvements ,					0.00			 		
d	Equipment			·		9,20	<u>v.</u>	9,200.	<u> </u>		
e	Other	<u> </u>			<u> </u>	/51 ···					
Tota	i. Add lines 1a through 1e. (Column	n (d) must eq	ual Forn	n 990, Part	X, colum	n (B), line	∋ 10c.) <u>.</u>	<u> , </u>	L		

•	M CLUB FOUND	ATION UNIVER	RSITY OF	MARYLAND INC	52-6018880
	(Form 990) 2015				Page
Part VII	Investments - Other Securities. Complete if the organization answers	ad "Yes" on For	m 000 Par	t IV line 11h See For	m 900 Part V line 12
•	(a) Description of security or category (including name of security)	(b) Book val		(c) Method	of valuation: ear market value
1) Financ	al derivatives	· · · · · · · · · · · · · · · · · · ·			
•	y-held equity interests				
		•			
/A\		i			
/D\					
(C)					
(D)					
<u>(E)</u>					
(F)					
<u>(G)</u>					
<u>(H)</u>					
	mn (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Yes" on For	m 990, Pai	t IV, line 11c. See For	m 990, Part X, line 13.
	(a) Description of investment	(b) Book va	ue		of valuation. ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				 	
(9)		<u> </u>			
	mn (b) must equal Form 990, Part X, col (B) line 13)	<u></u>			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.	1 113 / 11	000 D.	10/2: 4410 =	202 5
	Complete if the organization answer		m 990, Pai	t IV, line 11d. See For	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5) (6)				· - · · · · · · · · · · · · · · · · · ·	
(7)					
(8)					
(9)					,
	olumn (b) must equal Form 990, Part X, col. (E	3) line 15)			
Part X	Other Liabilities. Complete if the organization answer line 25.				ee Form 990, Part X,
1.	(a) Description of liability	(h) R	ook value		
	eral income taxes	(5) 5			
(2)					

1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)				
(5)				A STATE OF THE STA
(6)				
(7)			_	
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 2:	5) ▶ _		Section 2

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

JSA
551270 1 000
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PA

Schedule D (Form 990) 2015

JSA 5E1271 1 000 Schedule D (Form 990) 2015

Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

2015	Open to Public

Employer identification number

OMB No 1545-0047

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

Š X Yes 52-6018880 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Name of the organization

Describe in Part IV the organization's procedures for monitoring the use of grant lunds in the United States.	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	gon Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
7	Par	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF MARYLAND							
2605 XFINITY CENTER COLLEGE PARK, MD 20742			22,295.				PRESIDENTS CUP AWARD
(2)							
(3)							
(4)							
(5)					1		
(6)	,						
(2)							
(8)							
10,							
(8)						;	
(10)				ļ 			
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table. 	government sted in the lin	t organizations le 1 table	listed in the line 1 t	able			
5	ne for Form 9	Į.				450	Schedule ((Form 990) (2015)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1288 1 000

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Schedule 1 (Form 990) (2015)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
ო						
4						
25						
9						
7						-
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	is part to prov	vide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

SCHOLARSHIPS

STUDENTS SCHOLARSHIPS ARE PAID DIRECTLY TO THE UNIVERSITY OR COLLEGE THAT

THE STUDENT ATTENDS.

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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

Department of the Treasury Internal Revenue Service

Name of the organization
M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC

Employer identification number 52-6018880

ATTACHMENT 1

ATTACHMENT 2

FORM 990, PART VI, QUESTION 11

PRIOR TO BEING FILED WITH THE IRS, THE FORM 990 IS REVIEWED BY THE M

CLUB'S EXECUTIVE DIRECTOR.

PART X1

OTHER CHANGES IN NET ASSETS OF -118,432 FROM PART XI LINE 5 REPRESENT UNREALIZED HOLDING LOSS FROM SECURITIES.

PART VI SECTION C QUESTION 19

ALL PUBLIC DOCUMENTS ARE AVAILABLE FOR VIEWING AT THE M CLUB

OFFICE IN COLLEGE PARK MD

FORM 990, PART VIII - INVESTMENT	(A)	(B)	(C)	(D)
DESCRIPTION	TOTAL REVENUE	RELATED OR EXEMPT REVENUE	UNRELATED BUSINESS REV.	EXCLUDED REVENUE
INTEREST AND DIVIDENDS	35,87	7.		35,877.

TOTALS	<u>35,877.</u>	35,877.

FORM	990,	PART	VIII	_	FUNDRAISING	EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
TICKET		15,618.	-15,618.
NLWA CONFERENCE		200.	-200.
SPECIAL EVENTS		645.	-645.

Schedule O (Form 990 or 990-EZ) 2015 Page 2 Name of the organization Employer identification number M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC 52-6018880 ATTACHMENT 2 (CONT'D) FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT NET INCOME **EXPENSES** DESCRIPTION INCOME 2,170. ACC TICKET RAFFLE 2,170. 605. 9,079. SUMMER JAM -8,474.HOF DINNER 2,775. 25,542. TOTALS -22,767. ATTACHMENT 3 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING BOOK VALUE DESCRIPTION PREPAID EXPENSES 35,636. TOTALS 35,636. ATTACHMENT 4 FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES ENDING BOOK VALUE DESCRIPTION

DESCRIPTION

VANGUARD

CRONIN MEMORIAL ENDOWMENT

USMF ENDOWMENT FUND

TOTALS

BOOK VALUE

295,840.

295,840.

295,840.

295,340.

295,840.