Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

| OMB No. 1545

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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Open to Public Inspection

Inte	rnal Revent	ue Service	· Y /		► Information	n about Form	990 and its instri	uction	is is at www.	rs.gov/form	990	IWI		Inspect	ion
Α	For the	2016 c	alendar	year, or tax yea	r beginning		, and end	ina							
В	Check if ap			f organization								D Employe	r identific	cation numbe	r
\Box	Address ch				South F	nd Democ	ratic Clu	h							
⊢		·	Doing b	usiness as							\dashv	23-1	528(147	
	Name char	nge		and street (or PO I	oox if mail is not d	elivered to street as	ddress)			Room/suite		E Telephon			
	Initial returi	n i		West Col							j			-1072	
	Final return			own, state or province			code				$\neg \uparrow$				
	terminated	Î	Yor	k		PA 17	404				- 1	G Gross rec	ounte C	45	6,814
	Amended r	eturn		nd address of princip	al officer					_		G Gloss led	sipts #		-,
	Application	pendina		ig Ness						H(a) Is th	nis a grou	p return for s	ubordinate	es? Yes	X No
لـــا	• • •		CIA	ity Ness						1,000	-0			Yes	☐ No
									~	n(b) Are		rdinates inch		لـــا	
											II NO, 1	attach a list	(see msu	uclions)	
1	Tax-exem			501(c)(3) X 5	01(c) (7) ◀ (insert no)	4947(a)(1)	or	527						
J	Website	<u> n</u>	/a						•	H(c) Gro	up exem	ption numbe	<u>r</u> ▶		
K	Form of or			rporation Trus	t Associat	ion Other			<u> </u>	Year of formation	on		M State	e of legal domi	cile PA
	Part I	Su	mmary						<u> </u>						
	1 B	riefly de	scribe the	e organization's	mission or n	nost significant	activities		-		·				
Φ	. }	The	organ	ization i	s a soci	al club	in which	inc	ome is 1	produce	d by	reve	nue		
ຊ			-	bers Only					•	•	-				
Ë	1														
Activities & Governance	20	heck thi	s hov >	of the organ	ization discor	ntinued its onei	rations or dispos	od o	f more than '	25% of its n	ot acc	ate			
ŏ	2 0							seu o	i more trair a	23 /0 OF ITS 11	et 9226	1 1	8		
φ γ	3 1			members of the			· ·					3	8		
ţį	4 N						ly (Part VI, line	•				4			
Ĭ.	5 T				•	•	Part V, line 2a)	Γ_	RECE	NED		5	13		
ĄĊ	6 T	otal nun	nber of vo	olunteers (estim	ate if necess	ary)		٦ (KECE	NY LU	וטר	6	0_		
	7a T	otal unre	elated bu	siness revenue	from Part VII	I, column (C),	line 12	 -	_)SO	7a			308
	b N	et unrel	ated busi	ness taxable ın	come from Fo	orm 990-T, line	34	12	JUL 2	4 2018		7b			0
	1							8		Pr	ıd <u>ov</u> ear			Current Yea	<u>r</u>
<u> </u>	8 C			grants (Part VII				-	0005	1117					<u> </u>
CONFINACS enses Revenue	9 P	rogram	service re	evenue (Part VI	II, line 2g)			<u></u>	OGDE	10,01	<u>6</u>	,657		6	,196
Š	10 lr	ivestme	nt income	e (Part VIII, colu	ımn (A), lınes	3, 4, and 7d)						371			308
₩.	11 0	ther rev	enue (Pa	rt VIII, column (A), lines 5, 6	d, 8c, 9c, 10c,	and 11e)				222	,914	_	208	,234
()	12 T	otal reve	enue – ac	ld lines 8 throug	ıh 11 (must e	qual Part VIII,	column (A), line	12)			229	,942		214	,738
P. D.	13 G	rants ar	nd similar	amounts paid	Part IX, colur	nn (A), lines 1-	-3)								0
会;	14 B			for members (F			,								0
m .	15 S						umn (A), lines 5	i_10)			129	,193		134	,922
	16a P			aising fees (Par			a (1.1), 11.100 c	,				/			0
C en	b T			xpenses (Part I					0						<u> </u>
OL Y	17 0			art IX, column	•	•	`		Ü		72	,513		9.0	, 455
	1		•				•			<u> </u>				224	
≠=	1			dd lines 13~17			(A), line 25)					,706			
œ	19 K	evenue	less expe	enses Subtract	line 18 from	ine 12				Beginning		,236		End of Year	<u>, 639</u>
8102 Assets or	E 20 T	atal ass.	oto (Dom	V l== 46)						Бедининд		,065			,903
GO S	20 1			X, line 16)						<u> </u>					
et	≅ - ' '			rt X, line 26)						ļ		,979			<u>, 456</u>
<u> </u>				balances Subt	ract line 21 fr	om line 20				ļ	383	,086		3/3	,447
	Part II			Block											
							accompanying si						owledge	and belief,	ıt ıs
tr	ue, correc	t, and co	implete D	eclaration of prep	arer (other tha	n officer) is base	d on all information	on of v	vhich preparer	has any kno	wledge				
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Sig	gn	Sı	gnature of o	fficer		4	~					Date		-14-	18
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		Print/Type	preparer's i	name		Preparer's s	ignature			Da	te	Check	T If	PTIN	
Pai	id 1	Richar	dE Bu	tler, CPA		Richard	E. Butler,	CPA		n	2/22/	18 self-em	oloved	P004859	.69
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				ırn with the prej			structions)							X Yes	No
For DAA		ork Redu	ction Act	Notice, see the	separate instr	uctions						^	1	Form 9	90 (2016)
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												1		(U	



David William Charles of the Control of the Control

P	art IV Checklist of Required Schedules	 .	. —	, —
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			,,
_	complete Schedule A	1	 -	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	- 1		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1_		
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
_	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	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_		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		۱
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	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,"			ļ
	complete Schedule D, Part VI	11a	X	ļ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	İ		
	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			
	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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>		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			l
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	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	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes." complete Schedule G, Part III	19		X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
	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	1		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
_	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		1	v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ŀ	v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	_		v
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	000	Ì	X
12	complete Schedule N, Part II	32		
13	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
14	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
14	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	24		X
5-		34 35a		$\frac{x}{x}$
l5a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
Ü	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	l	
86	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	133		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		ĺ	
	Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>"</u>		
-	19? Note . All Form 990 filers are required to complete Schedule O	38		X
	A CONTRACTOR OF THE CONTRACTOR		n 990	

Pa	art V	Statements Regarding Other IRS Filings and Tax Compliance					
		Check if Schedule O contains a response or note to any line in this Par	t V			<u> </u>	
1.	Cata-th	a number recorded in Day 2 of Faure 1000. Fator 0, if not applicable	ء ا	o		Yes	No
1a b		e number reported in Box 3 of Form 1096 Enter -0- if not applicable in line 1a Enter -0- if not applicable	1a 1b	0			
c		organization comply with backup withholding rules for reportable payments to vendors and		1 •			
·		ole gaming (gambling) winnings to prize winners?			1c		х
2a		e number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1			
		ents, filed for the calendar year ending with or within the year covered by this return	2a	13			
b		st one is reported on line 2a, did the organization file all required federal employment tax re	eturns?		2b	X	<u> </u>
		the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructi					
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 Schedu	ıle O		3b		<u> </u>
4a	At any t	ime during the calendar year, did the organization have an interest in, or a signature or oth	er autho	rity			
	over, a	financial account in a foreign country (such as a bank account, securities account, or other	financia	ıl		ĺ	
	account	•			4 <u>a</u>		X
b		enter the name of the foreign country					
	See ins (FBAR)	tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financi	al Accou	ints			
5a	Was the	e organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a_		X
b	Did any	taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction?		5b		X
С	If "Yes"	to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does th	e organization have annual gross receipts that are normally greater than \$100,000, and did	d the				
	organiza	ation solicit any contributions that were not tax deductible as charitable contributions?			6a_	<u> </u>	X
b		did the organization include with every solicitation an express statement that such contrib	utions or			İ	
_	•	re not tax deductible?			6b	<u> </u>	
7		zations that may receive deductible contributions under section 170(c).					
a		organization receive a payment in excess of \$75 made partly as a contribution and partly f	or goods	i			1
b		vices provided to the payor? did the organization notify the donor of the value of the goods or services provided?			7a 7b		
C		organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		10	 	
ŭ		i to file Form 8282?	was		7c		
d		indicate the number of Forms 8282 filed during the year	7 d	1	, , ,		
e		organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7e		
f		organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		
g		ganization received a contribution of qualified intellectual property, did the organization file		399 as required?	7g		
h	If the or	ganization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	uzation fi	ile a Form 1098-C?	7h		
8	Sponso	ring organizations maintaining donor advised funds. Did a donor advised fund mainta	ined by t	the			
	sponsor	ing organization have excess business holdings at any time during the year?			8		ļ
9	Sponso	ring organizations maintaining donor advised funds.					
а	Did the	sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the	sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10		501(c)(7) organizations Enter	1	ı			
a		n fees and capital contributions included on Part VIII, line 12	10a	T			
b		eceipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
11		501(c)(12) organizations. Enter	1 44-	1			
a h		ncome from members or shareholders ncome from other sources (Do not net amounts due or paid to other sources	11a		 		
þ		amounts due or received from them)	11b				
12a	_	4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a		
b		enter the amount of tax-exempt interest received or accrued during the year	12b	1	120		
13		501(c)(29) qualified nonprofit health insurance issuers.	125	<u> </u>			
а		ganization licensed to issue qualified health plans in more than one state?			13a		
_		ee the instructions for additional information the organization must report on Schedule O			122		
b		e amount of reserves the organization is required to maintain by the states in which					
		inization is licensed to issue qualified health plans	13b			ĺ	
С		e amount of reserves on hand	13c				
14a	Did the	organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes,"	has it filed a Form 720 to report these payments? If "No," provide an explanation in School	dule O		14b		<u> </u>
DAA					For	m 990	0 (2016)

Form 990 (2016) South End Democratic Club 23-1528047 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12¢ Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > South End Democratic Club 601 West College Avenue York PA 17404 717-854-1072

Form 990 (20	16) South End Democratic Club	23-1528047	Page 7
Part VII	Compensation of Officers, Directors, Trustees, K	ey Employees, Highest Compensated	Employees, and
	Independent Contractors		
	Check if Schedule O contains a response or note to	any line ın this Part VII	
Section A	Officers, Directors, Trustees, Key Employees, and Highest C	ompensated 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

(A) Name and Title	(B) Average hours per week (list any hours for	bo: off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
(1) Craig Ness							•••				
	5.00										
Asst. Treasurer	0.00			X				26,500	0	<u>C</u>	
(2) Terry Dellinger											
, ,	2.00							}			
Director	0.00		ļ	X				25,263	0	C	
(3) Michael Ambrose											
	2.00	•									
President	0.00			X				0	0	0	
(4) Clarence Cunning											
,,,	2.00					}					
Vice-President	0.00			X				l ol	0	0	
(5) William Barrett									_		
(2, 11 — — — 21111	2.00										
Secretary	0.00			X				0	0	<u>C</u>	
(6) Blaine Decker		1 "									
\ \frac{1}{2}	2.00			ļ							
Director	0.00			X				0	0	l c	
(7) Thomas Markle		 									
.,	2.00										
Director	0.00			X				l ol	0	C	
(8) David Klepper	<u>-</u> <u>-</u> -	†		<u> </u>							
(,, , , _ , , , , , , , , , , , , ,	2.00										
Director	0.00			X				0	0	0	
(9)											
(10)									······································		
(11)		-			_						
DAA						_			<u> </u>	Form 990 (2016	

Part \	(A) Name and title	(B) Average hours per week (list any hours for	(do	o not c	Pos check ess pe	C) ition more rson i	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo o comp	(F) mated ount of ther ensation m the	1
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	()	orga and	nization related lizations	
												-	-
c To	ub-total otal from continuation she otal (add lines 1b and 1c)							> > >	51,763 51,763				
re	otal number of individuals (in	the organization	<u> ▶</u>	0						· · · · · · · · · · · · · · · · · · ·		Ye	s No
en 4 Fo	d the organization list any fo nployee on line 1a? If "Yes,' or any individual listed on lini ganization and related organ	omplete Schede 1 complete Schede 1 complete Schede 1 complete Schede 1 complete 1 comple	<i>dule</i> of re	<i>J for</i> porta	<i>suci</i> able	h ind com	<i>lividu</i> ipens	<i>ial</i> satio	n and other compensation	from the	3		x
5 Di fo	dividual d any person listed on line 1 r services rendered to the or B Independent Contracto	ganization? If "Y								ındıvıdual	5	1	x
1 Co	omplete this table for your fivences	ve highest comp zation Report co	ensa ompe	ted i	nder tion	oend for ti	ent c	ontr	dar year ending with or with	than \$100,000 of hin the organization's tax ye (B) lion of services	ear	(C))
	Name and	(A) business address		-		•			Descrip	tion of services		Compen	isation
				<u> </u>		_							
2 To	otal number of independent o	contractors (inclu	ıdına	but	not i	limite	ed to	tho	se listed above) who				
	ceived more than \$100,000								,	0		orm 9	90 (2016)

. u	rt V	Check if Schedule	O contains	a response or	note to any line ii	n this Part VIII		
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated campaigns	1a					
	b	Membership dues	1b					
Ę۲	c	Fundraising events	1c					
Ĕ	ď	Related organizations	1d					
ا ا	-	Government grants (contributions)	1e					
Sign	f	All other contributions, gifts, grants,			l			
ള	-	and similar amounts not included above	1f					
ĒÓ	g	Noncash contributions included in lines 1s			1			
등림	9 h	Total. Add lines 1a-1f	a-n •	▶				
9		Total: 7 Gd Imes 7d 17		Busn Code				
e	2a	Membership dues		34011 9549	6,196	6,196		
Re	b	Membership ddes				· · · · · · · · · · · · · · · · · · ·		
S	c							
eZ	d							
SE	e							
Program Service Revenue Contributions, Gifts, Grants Program Service Revenue and Other Similar Amounts	f	All other program service rev	enue					
P.	a a	Total. Add lines 2a–2f	01140	•	6,196	······································		·
	3	Investment income (including	dividends, inte	erest.				
	•	and other similar amounts)	,	•	308		308	
	4	Income from investment of ta	ax-exempt bond	l proceeds				
	5	Royalties	0,,0p. 20	>				
	•	(i) Real	(1)	ıı) Personal				
	6a	Gross rents					٠	
	b	Less rental exps			[
	c	Rental inc or (loss)						
	d	Net rental income or (loss)		•				
		Gross amount from (i) Securitie	es	(II) Other				
		sales of assets other than inventory						
	b	Less cost or other			Ī			
		basis & sales exps			ŀ			
	С	Gain or (loss)						
	d	Net gain or (loss)		•	ĺ			
		Gross income from fundraising ev	ents -					
ηne	Ju	(not including \$	(ŧ			
vei		of contributions reported on line 1	c)					
Other Revenu		See Part IV, line 18	a					
her	h	Less direct expenses	b		į			
ŏ		Net income or (loss) from fun						
		Gross income from gaming activit		· · · · · · · · · · · · · · · · · · ·				
	V.	See Part IV, line 19	а					
	h	Less direct expenses	b					
		Net income or (loss) from gai		>				
		Gross sales of inventory, less	·					
	iva	returns and allowances	a	450,310				
	h	Less cost of goods sold	ь	242,076				
		Net income or (loss) from sal			208,234	i		208,234
		Miscellaneous Revenue		Busn Code	200/201			
	11a	· · · · · · · · · · · · · · · · · · ·	-		İ			
				 				
	b			 -		···		
	C	All other revenue						
	d	All other revenue						
	e	Total. Add lines 11a–11d Total revenue. See instruction	one		214,738	6,196	308	208,234
	12	TOTAL LEVELIUE, DEE MISHUCII	U115		,,,	3,230	200	

Part IX Statement of Functional Expenses

3000	Check if Schedule O contains a response			nete column (A)	X
	ot include amounts reported on lines 6b, b, 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				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	123,449	123,449		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,473	11,473		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,274	5,274		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule O)	73,062	73,062		
12	Advertising and promotion	53	53		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,182	1,182		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,884	9,884		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а					
b					·
С					
d	'[
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	224,377	224,377	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ If			1	
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 74,693 60,531 1 Cash-non-interest bearing 57,529 57,529 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 2,260 2,260 Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 289,583 other basis Complete Part VI of Schedule D 10a 289,583 289,583 **b** Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 409,903 424,065 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,047 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 35,932 33,064 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 40,979 36,456 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 383,086 373,447 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 383,086 373,447 33 Total net assets or fund balances 33 424,065 409,903 Total liabilities and net assets/fund balances

orn	1990 (2016) South End DemoCratic Club 23-1328047			Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	14,738
2	Total expenses (must equal Part IX, column (A), line 25)	2		2 4 ,377
3	Revenue less expenses Subtract line 2 from line 1	3		<u>-9,639</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	<u>33,086</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1		
	33, column (B))	10	3.	73 <u>,447</u>
Pa	rt 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			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
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 compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			For	n 990 (2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

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

2016

Open to Public Inspection

Employer identification number South End Democratic Club 23-1528047 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(µ)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

Schedule D (Form 990) 20	16 South En	d Democrat:	ic ciui	<u> </u>		<u> </u>	<u> </u>	Page 4
Part III Organiz	ations Maintainin	g Collections of	Art, Histo	orical Tr	easures,	or Othe	r Similar Ass	ets (continued)
	n's acquisition, access							
a Public exhibition		d 🗍	Loan or excl	hange prog	grams			
b Scholarly research	ch	e 🗍	Other		-			
· ·	future generations							
4 Provide a description	of the organization's o	collections and explain	n how they fu	arther the o	organization'	s exempt	ourpose in Part	
XIII	•	·	•		-			
5 During the year, did t	he organization solicit	or receive donations	of art, histori	cal treasur	es, or other	sımılar		
	aise funds rather than							Yes No
	and Custodial Ar							
	e if the organizatio t X, line 21	n answered "Yes	" on Form	990, Pa	rt IV, line 9	, or rep	orted an amoi	unt on Form
1a Is the organization at		dian or other intermed	tiary for cont	ributions o	r other asset	s not		
included on Form 99	=	dian or other intermet	alary for cont	ilbuttoris o	00101 03301	31101		Yes No
b If "Yes," explain the a	•	II and complete the fo	llowing table					
b ii res, explaintile a	irangement in Fart An	ir and complete the ic	mowing table	•				Amount
c Beginning balance							1c	
d Additions during the	voor.						1d	
Additions during the Distributions during the	*						1e	
ŭ	ie year						1f	
f Ending balance	inalista an amaunt an [Form 000 Port V line	O1 for oner	ou or auct	adial associa	t kability2	<u> </u>	Yes No
2a Did the organization						-		
b If "Yes," explain the a	nent Funds.	Check here ii the e	хріанацон на	as been pr	ovided on Pa	311 XIII		
	e if the organizatio	n answered "Ves	" on Form	990 Pai	rt IV line 1	n		
Complete	3 II tile Organizatio	(a) Current year	(b) Prior		(c) Two yea		(d) Three years ba	ack (e) Four years back
1a Domesia of comba	·	(a) Current year	(b) Filoi	yeai	(C) TWO YES	IS DACK	(u) Three years be	ter (e) rour years back
1a Beginning of year ba	ance							
b Contributions	 							
c Net investment earni	ngs, gains, and							
losses	-							
d Grants or scholarship								
e Other expenditures for	or facilities and							
programs	-				-			
f Administrative expen	ses							
g End of year balance	L							
	d percentage of the cui	rrent year end balanc	e (line 1g, co	olumn (a)) l	held as			
 a Board designated or 	•	%						
b Permanent endowme	ent ▶ %							
c Temporarily restricted	d endowment 🕨	%						
	lines 2a, 2b, and 2c sh							
3a Are there endowmen	t funds not in the posse	ession of the organiza	ation that are	held and	administered	I for the		
organization by								Yes No
(ı) unrelated organız	ations							3a(i)
(ii) related organizat	ions							3a(ii)
b If "Yes" on line 3a(ii),	are the related organiz	zations listed as requi	red on Sche	dule R?				3b
	the intended uses of th	e organization's endo	owment fund:	S				
Part VI Land, B	uildings, and Equ	iipment.						
Complete	e if the organizatio	n answered "Yes	" on Form	990, Par	rt IV, line 1	1a. See	Form 990, P.	art X, line 10.
Description	of property	(a) Cost or other t	pasis	(b) Cost or of	ther basis	(c) A	ccumulated	(d) Book value
		(investment)		(othe	τ)	de	preciation	
1a Land								
b Buildings								
c Leasehold improvem	ents							
d Equipment				28	39,583			289,583
e Other								
Total. Add lines 1a through	1e (Column (d) must	equal Form 990, Par	t X, column ((B), line 10	c)		•	289,583

Part VII	Investments—Other Securities.		23 232001/ ray
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12.
•	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	(h)	<u> </u>	
	nn (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII	Investments—Program Related. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
_(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
_(9)			
	nn (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			-
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9) T-4-1 (0-1	(1)		
Part X	on (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>
raitA	Other Liabilities.	F 000 B+ N/ I	44 446 O E 000 B V
	Complete if the organization answered "Yes" of line 25	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(A)		
	in (b) must equal Form 990, Part X, col (B) line 25)		

2a | 2b | 2c | 2d | 2e | 3 | 4a | 4b | 4c | 5

Part XIII Supplemental Information.

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

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

Subtract line 2e from line 1

Other (Describe in Part XIII)

Add lines 4a and 4b

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

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

SCHEDULE-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.

OMB No 1545-0047 2016

Open to Public

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

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

s.gov/form990. Inspection
Employer identification number

South End Democratic Club

23-1528047

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

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

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

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

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

	Program Service		Mgt & General		Fundraising					
Donations required & made										
	\$	7,663	\$	0	\$	0				
Dues & Subscriptions										
	\$	100	\$	0	\$	0				
Miscellaneous										
	\$	1,130	\$	0	\$	0				
Office Expenses										
	\$	2,479	\$	0	\$	0				
Rent										
	\$	425	\$	0	\$	0				
Repairs & Maintenance										
	\$	29,707	\$	0	\$	0				

Schedule O (Form	990 or 990-EZ) (2	2016)				Page 2
Name of the organiza	tion	Employer identification number				
South En	d Democra		23-1528047			
	\$	9,943	\$	0	\$	0
Utilitie	s					
	\$	21,615	\$	0	\$	0
	Total					
	\$	73,062	\$	0	\$	0