Extended to May 15, 2018

Form 990-EZ Return of Organizat

# Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

_	C45-	0010 calandar year arten year had!			1	<u> </u>	<u> </u>	
		2016 calendar year, or tax year beginning JUL 1, 2016		and end	ING JUN	30,		
ر ح	Check if applicable					D Emp	loyer i	dentification number
Ļ	Addre	ss change ABBO ciation of Notre Dame Clubs, Inc						
╚	Name	change Philadelphia					-107	
L	Initial	Number and street (or P.O. box, if mail is not delivered to street	address)		Room/suite	E Tele	phone	number
	termir	return/ nated 7950 Henry Ave. Apt 25C				21	5 - 77	6-1837
	Amen	ded return City or town, state or province, country, and ZIP or foreign posta	il code		2	F Grou	ир Ехе	mption
	Applica	tion pending Philadelphia, PA 19128				Nun	nber 🕨	▶ 5053
G		ting Method: X Cash Accrual Other (specify)			-	H Che	ck 🕨	x If the organization is
		e: www.ndphilly.org						ed to attach Schedule B
J	Tax-ex	empt status (check only one) $- \times 501(c)(3) \longrightarrow 501(c)($	ınsert no.)	4947(a)(1)	or 527		•	, 990-EZ, or 990-PF).
_		forganization: Corporation Trust Associatio		her Not fo	r Profit			,
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or n	nore, or if total	assets (Part	11.		<del></del>
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>4</b>	,		, 1	<b>►</b> \$	60,343.
_	art I	Revenue, Expenses, and Changes in Net Assets	or Fund	Balances	see the instru	ıctıons		
		Check if the organization used Schedule O to respond to any question in						X
	1	Contributions, gifts, grants, and similar amounts received	tillo i dit i				1	
		Program service revenue including government fees and contracts		•		ł		54,012.
	3	Membership dues and assessments		-		}	3	6,320.
	4	Investment income	900	Schedule (	١	ŀ	4	11.
	1 '	Gross amount from sale of assets other than inventory	Jee .	5a	•	ŀ	-	111
	1	Less: cost or other basis and sales expenses	⊦	5b				
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	L	30			٠ ا	
)		. ,	nii iine 5a)	-		ŀ	5c	
	6	Gaming and fundraising events						
9	a	Gross income from gaming (attach Schedule G if greater than	1	a - 1				
Revenue	Ι.	\$15,000)	L	6a				
æ	D	Gross income from fundraising events (not including \$		of contribution:	S			
		from fundraising events reported on line 1) (attach Schedule G if the sum of	OT SUCN	ا به				
1		gross income and contributions exceeds \$15,000)		6b				•
j	C	Less: direct expenses from gaming and fundraising events	L	6c				
•	_d	Net income or (loss) from gaming and fundraising events (add lines 6a an	d 6b and subtr	ı		-	6d	
I		Gross sales of inventory, less returns and allowances	<b>⊢</b>	7a				
2	1	Less: cost of goods sold	_ L	7b			_	
5	I .	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a	1)	-			7c	
	8	Other revenue (describe in Schedule 0)		· · · · · · · · · · · · · · · · · · ·			8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				<b>•</b>	9	60,343.
	10	Grants and similar amounts paid (list in Schedule 0)	⊩ F-See-	Schedule_0	101		10	150.
	111	Benefits paid to or for members	) H	C 27 2	017   Ö		11	
ë	12	Salaries, other compensation, and employee benefits	없 마드	U 40 6			12	
ens	13	Professional fees and other payments to independent contractors	Challetta and an a late				13	
Expenses	14	Occupancy, rent, utilities, and maintenance		DEN.	ו יידת נ		14	
ш	15	Printing, publications, postage, and shipping	2				15	
	16	Other expenses (describe in Schedule O)	See	Schedule (	)		16	51,943.
	17 ·	Total expenses. Add lines 10 through 16				<b>•</b>	17	52,093.
Ņ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					18	8,250.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)	))					
As		(must agree with end-of-year figure reported on prior year's return)					19	48,258.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		•			20	0.
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				<u> </u>	21	56,508.
LH	A For	Paperwork Reduction Act Notice, see the separate instructions.						Form <b>990-EZ</b> (2016)

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Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp				
00 Cook source and autotacate	ļ'	(A) Beginning of year	<del>                                     </del>	nd of year
22 Cash, savings, and investments	<b> </b>	48,258.	22	56,508.
23 Land and buildings			23	
24 Other assets (describe in Schedule O)			24	
25 Total assets		48,258.	25	56,508.
Total liabilities (describe in Schedule 0)		0,	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  Part III Statement of Program Service Accomplishmen	3 to /2 2 2 th a limit to 14	48,258,	27	56,508.
			— I (D	openses for section
Check if the organization used Schedule O to resp. What is the organization's primary exempt purpose? See Schedule O	ond to any questio	n in this Part III		and 501(c)(4)
				ons; optional for
Describe the organization's program service accomplishments for each of its three largest program smanner, describe the services provided, the number of persons benefited, and other relevant inform		es In a clear and concise	others.)	
	anon for each program title		<del></del>	
28 Neeson Golf Outing		<del></del>	_	
	<del></del>		_	
		·		
(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>	28a	29,805.
29 Glee Club Concert in Philadelphia	<del></del>		_	
- · · · · · · · · · · · · · · · · · · ·			_	
	· · · · · · · · · · · · · · · · · · ·		,	
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>_</b>	29a	5,937.
30 Football Tickets/Game Bus Trips			_	
			_	
			,	
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>▶</b>	30a	5,150.
31 Other program services (describe in Schedule O)		-		
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>▶</b>	31a	
32 Total program service expenses (add lines 28a through 31a)			▶ 32	40,892.
The state of the s				
Part IV List of Officers, Directors, Trustees, and Key E			e the instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp			e the instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key E	oond to any questio (b) Average hours	n in this Part IV	d) Health benefits,	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E	oond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	oond to any questio (b) Average hours	(c) Reportable compensation (Forms	d) Health benefits, contributions to	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to response	oond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to response (a) Name and title	oond to any questio (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to responsible (a) Name and title  Stephen Meehan	oond to any questio (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to respond to the companies of the organization used Schedule O to respond to the companies of the c	oond to any questio (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp  (a) Name and title  Stephen Meehan  President Mike Libert	ond to any questio  (b) Average hours  per week devoted to  position  1.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit slans, and deferred compensation	(e) Estimated amount of other compensation
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Check if the organization used Schedule O to respond to the organization	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.	d) Health benefits, contributions to employee benefit lans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to respond to the organization	cond to any questio  (b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	d) Health benefits, contributions to employee benefit lans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0.
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp  (a) Name and title  Stephen Meehan President Mike Libert Vice President Jim Coyne Secretary Brian Markley Treasurer Christine Debevec Board Member Nia Daye Board Member Mark Gernerd Board Member Lauren Barbir Board Member Ryan Becker Board Member Krista Busch Board Member John Feehery	cond to any questio  (b) Average hours per week devoted to position  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.	d) Health benefits, contributions to employee benefit lans, and deferred compensation  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	(e) Estimated amount of other compensation  0. 0. 0. 0. 0. 0. 0. 0.
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A	Association	οf	Notre	Dame	Clubs,	Inc.

	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	ماد میں		raye 3
1 0	instructions for Part V) Check if the organization used Sch. O to respond to any question in this			х
	, e e e e e e e e e e e e e e e e e e e			No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		162	NO
-	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	- 33		<u> </u>
<b>0</b> 4	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
25.2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	- 34		<u> </u>
004	on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	24,72	<del>                                     </del>
٠	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	336		<del></del>
••	complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	-00		<del></del>
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	10.0		<del></del>
•••	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	- 552		
39	Section 501(c)(7) organizations. Enter:	1		1
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		ĺ
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		1
	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		!	1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			1
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
¢	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		-	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			1
	by the organization • 0.			l
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			ĺ
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed  None			
42 a	The organization's books are in care of ▶ Brian G. Markley Telephone no. ▶ 484-557-	933		
	Located at ▶ 710 Crum Creek Road, Broomall, PA ZiP+4 ▶ 1	9008		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1		
	Form 990-EZ	44a	ļ	Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	1		
	of Form 990-EZ	44b		х
	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	-	1	
	ın Schedule O	44d	<u> </u>	↓
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b> </b>	Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
_	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X
		Form 9	390-EZ	(2016)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Nam	e of t	he organization As	sociation of Notre	Dame Clubs, Inc				Employer	identification number
			iladelphia			_			-1075494
Pai	t I	Reason for Pul	olic Charity Status (A	All organizations must co	mplete thi	s part ) Se	e instruction	S	
The c	rgan	zation is not a private	foundation because it is (	For lines 1 through 12, c	heck only	one box)	1	1 N	
1		A church, convention	of churches, or association	n of churches described	l in sectio	n 170(b)(1	)(A)(i).		
2	$\perp$	A school described in	section 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	0-EZ))		l (	
3		A hospital or a coope	rative hospital service orga	anization described in se	ection 170	(b)(1)(A)(ıi	i).	N .	
4		A medical research or	rganization operated in coi	njunction with a hospital	described	ın sectio	170(b)(1)(A	)(iii). Enter t	he hospital's name,
		city, and state							
5		An organization opera	ated for the benefit of a co	llege or university owned	or operat	ed by a go	vernmental	unit describ	ed in
		section 170(b)(1)(A)	(IV). (Complete Part II)						
6		A federal, state, or loc	al government or governm	nental unit described in s	section 17	O(b)(1)(A)(	v).		
7		An organization that r	normally receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general i	public described in
		-	vi). (Complete Part II )		•				
8			scribed in section 170(b)(	1)(A)(vi), (Complete Part	: 11 }				
9			ch organization described			d in coniu	nction with a	land-grant	college
		=	land-grant college of agric			-		-	-
		university		( ,		,	,		- '
10		· ——	normally receives (1) more	than 33 1/3% of its sup	port from	contribution	ns. member	ship fees, ar	nd gross receipts from
			s exempt functions - subject						-
			business taxable income	•					ŭ
		See section 509(a)(2		(1000 000000000000000000000000000000000			,	.g	
11		• • • •	nized and operated exclus	ively to test for public sa	fetv Sees	section 50	9(a)(4).		
12	х	<del>-</del>	nized and operated exclus	- ·	_			arry out the	purposes of one or
		= =	ted organizations describe	=	-			-	
			that describes the type of						
а		7	g organization operated, s						aivina
			nization(s) the power to re	· ·	-	_			
			nust complete Part IV, Se						., 0
ь		Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having					ving		
		• • • • • • • • • • • • • • • • • • • •	nent of the supporting org				_	-	-
			u must complete Part IV,		·				•
С	X	7 · '	ly integrated. A supportin		in connec	tion with, a	and functions	ally integrate	ed with.
			nization(s) (see instructions	• •				, ,	
d		- ···	onally integrated. A supp	•				rted organiz	zation(s)
			ally integrated. The organia						
			structions). You must cor	•	·=		-		
е		<b>–</b> ' '	e organization received a	•				ell, Type III	
			ted, or Type III non-function					, ,,	
f	Ente	er the number of supp		, , ,	5 5				1
		• •	mation about the supporte	ed organization(s)				•	
		i) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1.10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Uni	ers:	ity of Notre Dame	du	distriction mental managements		_			
Lac			35-0868188	2	х	·		150.	1
				· · · · · · · · · · · · · · · · · · ·					
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			·						
				<del></del>	<b></b>				
						ļ			
Tota						<del> </del>		150.	0.

632022 09-21-16

more, and if the organization, meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

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

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Philadelphia

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

<del></del>	(Complete only if you checked qualify under the tests listed be			organization failed	d to qualify under P	art II If ti	he organi	zation fails to
Sec	tion A. Public Support	c.o., picase comp	actor artinj					
_	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2	2016/	(f) Total
1	Gifts, grants, contributions, and					· · ·		
	membership fees received (Do not			[	]		/	
	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-			Ì				
	iness under section 513		_					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities			1				
	furnished by a governmental unit to							
	the organization without charge				/			
6	Total. Add lines 1 through 5				/			
7a	Amounts included on lines 1, 2, and			/				
	3 received from disqualified persons							
ь	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							
c	Add lines 7a and 7b			1	<del></del>			
	Public support. (Subtract line 7c from line 6.)			1	<b>†</b>			
Sec	ction B. Total Support	<del></del>	<u> </u>	/				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013 /	(c) 2014	(d) 2015	(e)	2016	(f) Total
9	Amounts from line 6		/					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses		/					
	acquired after June 30, 1975							
(	Add lines 10a and 10b		/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)	/						J
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ırd, fourth, or fıfth	tax year as a section	n 501 <b>(c</b> )	(3) organi	zation,
	check this box and stop here	<u>/</u>						
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 20,16 (	line 8, column (f) c	livided by line 13,	column (f))		15		%
16	Public support percentage from 2015					16		%
Se	ction D. Computation of Inve	stment Incom	e Percentage	•				
17	Investment income percentage for 20	016 (line 10c, colu	mn (f) divided by I	ine 13, column (f))	-	17		
18	Investment income percentage from					18		%
	a 33 1/3% support tests - 2016. If the			on line 14, and li	ne 15 is more than	33 1/3%	, and line	17 is not
	more than 33 1/3%, check this box a							▶□
	33 1/3% support tests - 2015. If the						33 1/3%.	and
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							▶□
	23 09-21-16							0 or 990-EZ) 2016
				_				

31-1075494

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	۱. All	Supporting	) Organ	izations
-----------	--------	------------	---------	----------

- 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 1 70(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	 Х	
2	-	х
3a		X
Ja		
3ь		
3c		
4a		X
4b	_	
4c		
5a	~	х .
5b 5c	<u> </u>	l
1		 
		x
6		<del>-</del>
7		x
-		
8		х
0-		x
9a		
9b		X_
9c	<u> </u>	х
10a		х
10b		
990 or 9	90-EZ	) 2016

632025 09-21-16

`_	Association of Notre Dame Clubs, in	IC			
	edule A (Form 990 or 990 EZ) 2016 Philadelphia		<del> </del>	31-1075494	Page 6
Pai	Type in item i directionary integrated esecta/(e) eapper time			<del></del>	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		n in Part VI ) See ins	structions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	ctions A through E	<del></del>	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curre (option	
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 securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI)			<u>i</u>	
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3		<u> </u>	
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			
Sect	tion C - Distributable Amount			Curren	t 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			

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

Schedule A (Form 990 or 990-EZ) 2016

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

emergency temporary reduction (see instructions)

Par	t V Type III Non-Eupotionally Integrated 500	(a)(3) Supporting O		1-10/5494 Page 7
		(a)(a) Supporting Orga	amizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	of purposes of supported		
	organizations, in excess of income from activity	<del></del>		
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u> </u>	
	Amounts paid to acquire exempt-use assets	<del></del>		<del></del>
	Qualified set-aside amounts (prior IRS approval required)			
<u>-6</u> _	Other distributions (describe in Part VI) See instructions			
<u> 7</u>	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2016 from Section C, line 6	<del>_</del>		
10	Line 8 amount divided by Line 9 amount		<del></del>	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2016			
a_				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
$\neg$	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D,			
	line 7 \$		}	
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			(
	than zero, explain in Part VI_See instructions	ļ		
6	Remaining underdistributions for 2016 Subtract lines 3h			
_	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			<u> </u>
•	and 4c			-
8	Breakdown of line 7		<u> </u>	
			<del> </del>	
	Excess from 2013		<del> </del>	
	Excess from 2014	<del> </del>	<del> </del>	<del> </del>
	Excess from 2015		<del>                                     </del>	
	Excess from 2016		<u>                                     </u>	<del></del>

Schedule A (Form 990 or 990-EZ) 2016

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

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

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

Association of Notre Dame Clubs, Inc. - Fmplo

Philadelphia

Employer identification number 31-1075494

Form 990-EZ, Part I, Line 4, Other Investment Income: Description of Property: Amount: Interest Income 11. Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Donation Grantee Name: Bengal Bouts Grantee Address: University of Notre Dame Notre Dame, IN 46556 Amount Given: 150. Total included on Form 990-EZ line 10 150. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Ronald McDonald House 171. 390. Universal Notre Dame Night Student Sendoffs 1,892. Club Fellowship Events 34,955. 635. Business Luncheons/Dinners Meetings/Conferences 4,325. ND Pre College Program 1,700 Lawyers CLE & Networking Event 768. Glee Club Event 5,937. 1,170. Miscellaneous Expenses 51,943. Total to Form 990-EZ, line 16

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$ 

Schedule O (Form 990 or 990-EZ) (2016)

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

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

Association of Notre Dame Clubs, Inc. - Employer

Philadelphia

Employer identification number 31-1075494

Form 990-EZ, Part III, Primary Exempt Purpose - To operate exclusively for religious, charitable, scientific, literary or educational purposes within the meaning of Internal Revenue Code section 501(c) (3) by: a. Promoting the interests and welfare of the University of Notre Dame; b. Fostering and continuing the moral, spiritual and intellectual ideals taught and inspired by the University; c. Supporting the University administration in carrying out its educational policies & programs of service for the establishment and maintenance of the University as a leader among American and Catholic Universities; d. Assisting in securing financial support for the needs of the University; e. Lending support to projects and activities of students of the University, including assisting the educational opportunities of these students through sponsorship and support of University scholarship programs and: f. Developing alumni fellowship and community through the establishment and maintenance of local and regional Notre Dame Clubs. Form 990-EZ, Part V, Line 35 This Alumni Club did not file Form 990-T because revenue generated does not constitute unrelated business income because: a. the activities do not constitute a trade or business, and; b. they are not regularly carried on, and; c. the activities are substantially related to the Clubs exempt purpose d. finally, all activities are conducted by volunteers, so they are

Schedule O (Form 990 or 990-EZ) (2016)

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

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization Association of Notre Dame Clubs, Inc. -31-1075494 Philadelphia exempt under IRS Section 513(a)(1)

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

Schedule O (Form 990 or 990-EZ) (2016)

Page 2 Schedule O (Form 990 or 990-EZ) Association of Notre Dame Clubs, Inc. -Name of the organization Employer identification number Philadelphia 31-1075494 Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable compensation (Forms W-2/1099-MISC) (e) Estimated per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) John Delaney Board Member 1.00 Jim Mahon Ο, 0 Board Member 1.00 ٥.

632471 04-01-16