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## ,Form 990-E7

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

2008

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

© Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

Department of the Treasury Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning June 30 , 20 July 1 Check if applicable D Employer identification number Please C Name of organization use IRS Address change 02 Dartmouth College Class of 1992 0520127 Name change print or Number and street (or P O box, if mail is not delivered to street address). Room/suite E Telephone number Initial return type. 6068 Blunt Alumni Center Termination Specific City or town, state or country, and ZIP + 4 Amended return F Group Exemption Instruc-Hanover, NH 03755 Application pending Number 8204 G Accounting method ☑ Cash ☐ Accrual c Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) © H Check if the organization is not ı Website: © N/A required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Organization type (check only one) — 2 501(c) (3) 8 (Insert no) 4947(a)(1) or 527 K Check © 🗌 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) n 1 2 0 Program service revenue including government fees and contracts. 13345.00 3 Membership dues and assessments . . . 3 17.31 Investment income . . . . . 4 5a 5a Gross amount from sale of assets other than inventory . Less: cost or other basis and sales expenses . . . . . . 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here © a Gross revenue (not including \$ \_\_ of contributions reported on line 1) Less, direct expenses other than fundraising expenses . . . Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7с Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 8 8 Other revenue (describe © 13362.31 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 0 10 Grants and similar amounts paid (attach schedule) 11 0 11 Benefits paid to or for members , . . . . . . Ō 12 12 Salaries, other compensation, and employee benefits 0 13 Professional fees and other payments to independent contra 13 Õ 14 Occupancy, rent, utilities, and maintenance . . . 14 16019.27 15 Printing, publications, postage, and shipping. 15 Other expenses (describe © Insurance and bank fees 549.45 16 16 Total expenses. Add lines 10 through 16 . . . 16568.72 17 17 (3206.41) 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 18779.79 end-of-year figure reported on prior year's return). . . . . . . . . 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 15573 38 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (A) Beginning of year (B) End of year (See the instructions for Part II.) 18779.79 22 15573.38 22 Cash, savings, and investments 0 23 0 🔁 13 Land and buildings . . 0 24 0 24 Other assets (describe © 18779.79 25 15573.38 25 Total assets . . . 0 26 0 Total liabilities (describe © \_\_\_ 18779.79 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 15573.38

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

| Part XII Statement of Program Service Accomplishments (See the instructions for Part III )        |                                      |                            |                                     |         | Expenses                                |  |  |  |
|---|--------------------------------------|----------------------------|-------------------------------------|---------|---|--|--|--|
| What is the organization's primary exempt purpose? Enhancing alumni interest in Dartmouth College |                                      |                            |                                     |         | uired for 501(c)(3)                     |  |  |  |
| Describe what was achieved in carrying out the organization                                       | ation's exempt purposes. Ir          | n a clear and conc         | ise manner. I                       |         | (4) organizations<br>4947(a)(1) trusts, |  |  |  |
| describe the services provided, the number of persons be  | nefited, or other relevant info      | rmation for each p         | rogram title.                       |         | onal for others)                        |  |  |  |
| 28 Distribution of membership materials throughout  | year (1,000 members)                 |                            |                                     |         |   |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
| (Grants \$ ) If this amount incli   |                                      |                            |                                     | 28a     | 13718                                   |  |  |  |
| 29  |                                      |                            |                                     |         |   |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
| (Grants \$) If this amount incli  |                                      |                            |                                     | 29a     |   |  |  |  |
| 30  |                                      |                            |                                     |         |   |  |  |  |
| •   |                                      |                            |                                     |         |   |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
| (Grants \$ ) If this amount incli   |                                      |                            |                                     | 30a     |   |  |  |  |
| 4.00  |                                      |                            |                                     |         |   |  |  |  |
| (Grants \$ ) If this amount incli   | udes foreign grants, check           | here .                     | . © 🗌                               | 31a     | Ì                                       |  |  |  |
| 32 Total program service expenses (add lines 28a th   | rough 31a)                           |                            | . ©                                 | 32      | 13718                                   |  |  |  |
| Part IV List of Officers, Directors, Trustees, and Key  | Employees. List each one eve         | n if not compensate        | d (See the ins                      | tructio | ons for Part IV)                        |  |  |  |
| (a) Name and address  | (b) Title and average hours per week | (c) Compensation           | (d) Contribution                    |         | (e) Expense                             |  |  |  |
| (a) Name and address  | devoted to position                  | (If not paid,<br>enter -0) | employee benefit<br>deferred compen |         | account and other allowances            |  |  |  |
| Brant Rose  | President (2)                        |                            |                                     |         |   |  |  |  |
| P.O. Box 36820, Los Angeles, CA 90036   |                                      | -0-                        |                                     | -0-     | -0-                                     |  |  |  |
| Elissa McMillan Aten  | Vice-President (2)                   |                            |                                     |         |   |  |  |  |
| P.O. BOX 982064, Park City, UT 84098  |                                      | -0-                        |                                     | -0-     | -0-                                     |  |  |  |
| Jason Grinnell  | Treasurer (2)                        |                            |                                     |         |   |  |  |  |
| 334 S. Roosevelt Avenue, Pasadena, CA 91107   |                                      | -0-                        |                                     | -0-     | -0-                                     |  |  |  |
| Mike Mahoney  | Secretary (2)                        |                            |                                     |         |   |  |  |  |
| 235 South 33rd Street, Philadelphia, PA 19104-6322  |                                      | -0-                        |                                     | -0-     | -0-                                     |  |  |  |
|   |                                      |                            |                                     |         |   |  |  |  |
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|   | i                                    | l                          | l                                   |         | I                                       |  |  |  |

| Par | Other Information (Note the statement requirements in the instructions for Part VI.)   |            |             | <del></del> |
|-----|--|------------|-------------|-------------|
|     |  |            | Yes         | No          |
|     | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33_        |             | v           |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   | 34         |             | v           |
|     | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T   |            |             |             |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?   | 35a        |             | v           |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b        |             |             |
|     | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N   | 36         |             | ~           |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. © 37a 0  | 4          |             |             |
|     | Did the organization file Form 1120-POL for this year?   | 37b        | ļ           |             |
|     | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved   38b | 38a        |             | ~           |
|     | Section 501(c)(7) organizations. Enter:  | 1          |             |             |
|     | Initiation fees and capital contributions included on line 9   |            |             |             |
|     | Gross receipts, included on line 9, for public use of club facilities  |            |             |             |
|     | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ©   |            | ;<br>;<br>; |             |
| b   | Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I   | 40b        |             | ,           |
| С   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |            |             |             |
| d   | Enter amount of tax on line 40c reimbursed by the organization ©   |            |             | Ì           |
| е   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  | 40e        |             | V           |
| 41  | List the states with which a copy of this return is filed ©  |            |             |             |
| 42a | The books are in care of © Jason Grinnell, Class Treasurer  Located at © 334 S. Roosevelt Ave., Pasadena, CA  ZIP + 4 ©  | ) 4<br>911 | 05-01<br>07 | 08          |
| 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  | 42b        | Yes         | No          |
|     | account)?  | 420        | -           | -           |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |             |             |
| С   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country.   | 42c        |             | ~           |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here  |            |             | © П         |
| 70  | and enter the amount of tax-exempt interest received or accrued during the tax year © 43   |            |             |             |
|     |  |            | Yes         | No          |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   | 44         |             | ,           |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  | 45         |             | v           |
|     |  |            | <u> </u>    | (0000)      |

| Page |  |
|------|--|

| Part VI                | Section 501(c)(3) organizations only and complete the tables for lines 50 a  | . All section 501(c)(3) on<br>nd 51.                                | rganizations mu            | st answer question  | ons 46   | 6–49               |                  |
|------------------------|--|---|----------------------------|---|--|--------------------|------------------|
| <b>16</b> Did          | the organization engage in direct or indirect p  | oolitical campaign activities                                       | s on behalf of or i        | n opposition to   |  | Yes                | No               |
|                        | didates for public office? If "Yes," complete S  |   |                            |   | 46   |                    | ~                |
|                        | the organization engage in lobbying activities   |   |                            |   | 47   |                    | ~                |
|                        | e organization operating a school as describe  | . , , , , ,   |                            | ete Schedule E .  | 48_  |                    | V                |
|                        | the organization make any transfers to an exe  | •   | d organization?            |   | 49a  |                    |                  |
|                        | es," was the related organization(s) a section   |   |                            |   | 49b  | L                  |                  |
|                        | nplete this table for the five highest compensation received more than \$100,000 of compensations.   | on from the organization.   | If there is none, e        | nter "None "  |  |                    |                  |
| (a)                    | Name and address of each employee paid more than \$100,000   | (b) Title and average<br>hours per week<br>devoted to position      | (c) Compensation           | (d) Contributions to<br>employee benefit plans &<br>deferred compensation | (e) Expense<br>account and<br>other allowances |                    | nd               |
| None                   |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
| Total num              | ber of other employees paid over \$100,000 ©   |   |                            |   |  |                    |                  |
|                        | nplete this table for the five highest compensation from the organization of there is no   |   | ors who each rec           | eived more than \$1   | 00,000   | ) of               |                  |
|                        | (a) Name and address of each independent contractor  | paid more than \$100,000  | (b) Ty                     | pe of service   | (c) Con  | npensa             | tion             |
| None                   |  | ••••••  |                            |   |  |                    |                  |
| -                      |  | V   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
| <del></del>            |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
|                        |  |   |                            |   |  |                    |                  |
| Total nun              | nber of other independent contractors each re  | eceiving over \$100,000 .   | . ©                        |   |  |                    |                  |
|                        | Under penalties of perjury, I declare that I have examinand belief, it is true, correct and complete. Declarate  | ned this return, including accompion of preparer (other than office | panying schedules and      | statements, and to the b  | est of m                                       | ny knov<br>ny knov | wledge<br>wledge |
| Sign<br>Here           | Signature of officer   | <u></u>   |                            | $\frac{2}{5/10}$  | )  |                    |                  |
|                        | A Jason Grinnell, Class Treasurer  |   |                            |   |  |                    |                  |
|                        | Type or print name and title   |   |                            |   |  |                    |                  |
| Paid                   | Preparer's Signature   | Date  | Check if self-<br>employed | Preparer's Identifying  | Number (                                       | See inst           | ructions)        |
| Preparer's<br>Use Only | Firm's name (or yours firself-employed), address, and ZIP + 4  |   |                            | EIN Φ   |  |                    |                  |
| May the                | RS discuss this return with the preparer show  | vn above? See instruction   |                            | Phone no (C)  |  | es [               | No               |
|                        | The state of the s |   |                            | <del></del>   | orm 99   |                    |                  |