

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung 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 \$500,000 and total
assets less than \$1,250,000 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.

OMB No 1545-1150 2009

Open to Public Inspection

A	For the	2009 calend	ar year,	or tax year beginning July 1 , 2009, and end	ling J	une 30		, 20 10
_		applicable	Please	C Name of organization	D Empl	oyer iden	tification n	umber
	Address		use IRS label or	Dartmouth College Class of 1986		02	0502992	
	Name ch	thange print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele						
닏	Initial retu		type. See	6068 Blunt Alumni Center 103	3	617	354-2707	
님	Terminate		Specific	City or town, state or country, and ZIP + 4	E Grou	ıp Exem	ntion	
H	Amended	d return on pending	Instruc- tions.	Hanover, NH 03755-3548		nber ▶	puon	8204
느					Accounting M		ZI Cosh	
	• Sec	tion 501(c)(3)		• • • • • • • • • • • • • • • • • • • •	Other (specify		L Casii	Accidas
					Check ▶ ☑			ic not
	41-1	4 b			required to att	-	•	
	Websi -				990-EZ, or 99		edule o (r	OIIII 990,
				, , , , , , , , , , , , , , , , , , , ,			405	
	Check		-	zation is not a section 509(a)(3) supporting organization and its gross receipt	· · · · · · · · · · · · · · · · · · ·			,000. A
				turn is not required, but if the organization chooses to file a return, be sure			m.	00000.40
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of For			(Dd	29806.16
L	art I			enses, and Changes in Net Assets or Fund Balances (Se	e the instru	Ctions	or Part	
	1			s, grants, and similar amounts received		1		29806.16
	2	Program s	ervice r	evenue including government fees and contracts		2		
	3	Membersh	ip dues	and assessments		3		
	4	Investmen	t incom	e		4		
	5a	Gross amo	ount fro	m sale of assets other than inventory 5a				
	b	Less: cost	or othe	r basis and sales expenses				
	l c			n sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
9	6			rivities (complete applicable parts of Schedule G). If any amount is from gaming, chec				
Revenue	а	Gross reve	enue (no	of contributions		i i		
ۿ	-	reported o						
-	ь	l ess: direc	T-EXEC	nses other than fundraising expenses 6b		i I		
	c			ss) from special events and activities (Subtract line 6b from line 6a)		6c		
	7a	Gross	46H4	entory, less returns and allowances				
						1		
	b	Cross pro	or goo	Sylifford sales of inventory (Subtract line 7b from line 7a)		7c		
	C					8		
	8	Other reve	-			9	·	29806.16
_	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		10		3000
	10			r amounts paid (attach schedule)				3000
	11	•		r for members		11		
98	12	•		mpensation, and employee benefits		12		
Expenses	13			and other payments to independent contractors		13		
Ž	14	•	•	utilities, and maintenance		14		47000 00
ш	15			ons, postage, and shipping		15		17698.32
	16			describe paypal fees, software subscriptions, misc)	16		1642.04
	17			Add lines 10 through 16		17		22340.36
g,	18			for the year (Subtract line 17 from line 9)		18		7465.80
e c	19	Net assets	s or fur	d balances at beginning of year (from line 27, column (A)) (must	agree with			
AS	!	end-of-yea	ar figure	e reported on prior year's return)		19		72215.09
Net Assets	20	Other char	nges in	net assets or fund balances (attach explanation)		20		
Z	21	Net assets	or fun	d balances at end of year. Combine lines 18 through 20	<u></u> ▶	21		79680.89
I	art II	Balanc	e Shee	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, f	ile Form 990	instead	of Form	990-EZ.
				(See the instructions for Part II.)	(A) Beginning of	year	(B) End	of year
2	2 C	ash, savings	s, and ir	ovestments	722	15.09 2	2	79680.89
		and and buil				2	3	
		ther assets (•			2	4	
			•			2	5	
		otal liabilitie					6	
	7 N	let assets o	r fund l	palances (line 27 of column (B) must agree with line 21)	722	15.09 2		79680.89

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2009)



Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What		Enhance alumni commitmer				ured for section)(3) and 501(c)(4)
Desc	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					
manner, describe the services provided, the number of persons benefited, and other relevant information for						izations and section a)(1) trusts; optional
	program title.	<u></u>			for ot	hers.)
28	Distribution of publications and membership materia			ormation		
	regarding current College activities and programs, a	nd current information regard	ding alumni			
		includes foreign grants, che	eck here	. ▶ ⊔	28a	16926.48
29	Support of DPCS, a Dartmouth College project for un	ndergraduates				
	2000) If this area and			·····	29a	3000
20		includes foreign grants, che	·		23a	3000
30			****			

	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	30a	
31	Other program services (attach schedule)				1	
٠.		includes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a				32	19926.48
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	ınstruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Jeff	Weiss	President; 1.0 hrs/wk				
6 As	hford Lane, Andover, MA 01804	riesident, no marwi	0		0	0
And	rea Lordan	Treasurer;1.0 hrs/wk				
16 B	owdoin Street, Cambridge, MA 02138		0		0	0
	(Greenstein	Secretary; 1.0 hrs/wk	_			_
117F	Brittany Farms, New Britain CT 06053	,,	0		0	0
						
				<u> </u>		
		1				
			}			
			ļ. <u>.</u> .			_
				ļ		
		1				
				 		
		1	[1		
				ļ <u> </u>		
		1				l
		 	<u> </u>	-		
		1		1		
		<u> </u>	-			· · · · · · · · · · · · · · · · · · ·
		1	1	1		1

Part	Other imormation (Note the statement requirements in the instructions for Part V.)	_		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	250	• •-	- ·
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35a 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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		√
41	List the states with which a copy of this return is filed. ▶ None			
42a		617 35	4-2707	7
	Located at ► 16 Bowdoin Street, Cambridge MA ZIP + 4 ►	02138	-1706	
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		✓
	If "Yes," enter the name of the foreign country: ► 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.?	42c		<u>-</u>
·	If "Yes," enter the name of the foreign country:	720		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. 1	▶ □
. =	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the second s	لــــا	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		✓
		000		

Part VI

Part	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	47(a)(1) nonexempt cha	nexempt chari aritable trusts n	table trusts only. A nust answer question	II sectio ons 46–4	n 19b
46	Did the organization engage in direct or indirect				Ye	s No
	candidates for public office? If "Yes," complete				46	1
47	Did the organization engage in lobbying activities				47	/ /
48	Is the organization a school as described in section		-		48 1	/ _
49a	Did the organization make any transfers to an exif "Yes," was the related organization a section 5	•	ted organization		49a 49b	1/
50	Complete this table for the organization's five his employees) who each received more than \$100,	ghest compensated emp	loyees (other tha	an officers, directors,	trustees	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat		(e) Ex	pense nt and
None	ana () () () () () () () () () (devoted to position			5.110.7 (2.11	
					ļ	
	(a) Name and address of each independent contractor	paid more than \$100,000	(t) Type of service	(c) Compe	ensation
None						· · ·
d	Total number of other independent contractors	each receiving over \$100	,000 ▶	0		
	Under penalties of penury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ed this return, including accomp of preparer (other than officer)	anying schedules an is based on all inform	d statements, and to the be ation of which preparer has	st of my kna any knowle	owledge edge
Sign Here	Signature of officer Andrea Lordan, Treasurer			Date 1.5/13		
Paid	Type or print name and title Preparer's signature	Date	Check if self- employed 1	Preparer's identifying nu	mber (See ins	structions)
Prepai Use O	Firm's name (or		1	EIN ▶ Phone no. ▶		
May ti	ne IRS discuss this return with the preparer show	n above? See instruction	s	<u> </u>	Yes [m 990-1	No (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 0000

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

20	J9
Open to Inspec	

Name	Name of the organization											
Dar	tmo	uth College	Class of 1986						02	(502992	
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.	
The 1 2 3 4		A church, co A school de A hospital of A medical re	onvention of chu scribed in sectio r a cooperative h	dation because it is: rches, or association on 170(b)(1)(A)(ii). (Att nospital service organition operated in conjuste.	of church tach School dization display	hes desc edule E.) escribed with a ho	ribed in s in sectio spital de	ection 1 n 170(b) scribed ii	70(b)(1)(/ (1)(A)(iii). n section	A)(i).)(A)(iii). Ente	er the
5						ed in						
6				emment or governme	ental unit	describe	d in sect	ion 170(t	o)(1)(A)(v)).		
7		An organizat described in	tion that normally section 170(b)	/ receives a substantia (1)(A)(vi). (Complete P	al part of Part II.)	its suppo	ort from a	•			the general p	oublic
8 9		An organizat receipts from support from	ion that normally n activities relate n gross investm	d in section 170(b)(1); r receives: (1) more that ed to its exempt funct ent income and unre i after June 30, 1975.	an 33½ % tions—su lated bus	of its su bject to d siness ta	pport froi certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 %	of its
10 11		An organiza purposes of	tion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	rely for the nizations of suppo	ne benefi describe rting orga	t of, to p d in secti anization	perform to on 509(a) and com	he functi (1) or sec plete line	ons of, o	a)(2). See se	
e		persons other	this box, I cert	tify that the organizat	tion is no		led direc	tly or inc	lirectly by	y one or		alified
f g		organization	, check this box st 17, 2006, has	a written determinati							III supportii	ng
		(i) A persor and (III) b	n who directly or below, the gover	r indirectly controls, ending body of the supp	ported or	-		th person	s descnt	oed in (ii)	Yes 11g(i)	No
h		(iii) A 35% c	ontrolled entity	erson described in (i) a of a person described ation about the suppo	d in (i) or				 		11g(ii) 11g(iii)	
_ <u>h</u>		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col (i)	rou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoun support	
					Yes	No	Yes	No	Yes	No	<u></u>	
		· · · · · ·										
	-											
Tota	al				-				1			

Pai	Support Schedule for Org (Complete only if you check	j anizations (ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'O(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						-
4	Total. Add lines 1 through 3		 	 			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>	<u></u>	l <u></u>	L	l	
	tion B. Total Support		T	r	r		
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
Sec	tion C. Computation of Public Su		_			1 1	
14	Public support percentage for 2009 (line	6, column (f) de	ivided by line 1	1, column (f))		14	<u>%_</u>
15	Public support percentage from 2008 Sci	hedule A, Part	II, line 14 .			15	%_
16a	33% % support test—2009. If the organiand stop here. The organization qualifies						
b	33% % support test-2008. If the organization qua						_
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circur	mstances" test,	check this box	and stop here.	Explain in l	Part IV how the
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstances the "facts-and-circumstances" and the second	facts-and-circun ances" test The	nstances" test, o organization qua	check this box alifies as a public	and stop here cly supported or	Explain in I	Part IV how the
10	Private foundation if the organization did	inatchack a be	sv on line 12 16	a 16h 17a ori	17h chack thic	hav and car	a inethictione

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

600	tion A. Public Support							
		4) 0005	41.0000	4) 0007	4 0 0000	1 4 5		(0. T. t. t
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5		<u>. </u>			 		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	l				ļ		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year					ļ		
C	Add lines 7a and 7b					 		
8	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support							
Ca	elendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for organization, check this box and stop	here .		nd, third, fourti	=		a section	on 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su					,		
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column		15 16	 	<u>%</u> %
Sec	tion D. Computation of Investmer							
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	•		17		%
18	Investment income percentage from 20					18		%
19a	331/3 % support tests -2009. If the organization is not more than 331/3 %, check this b							
b	33%% support tests - 2008. If the organ line 18 is not more than 33%%, check this							
20	Private foundation. If the organization	•	_	-			_	

ichedule A (F	orm 990 or 990-EZ) 2009				Page 🕶
Part IV	Supplemental Information. Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	ne explanations requer additional informat	ired by Part II, line 10;
			,		
• • • • • • • • • • • • • • • • • • • •					
		••••••	••••••		
			•••••		
		••••			
		••••			
• • • • • • • • • • • • • • • • • • • •					
					
					

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

20**09**

Open to Public

YES NO

Department of the Treasury Internal Revenue Service

Name of the organization

Dartmouth College Class of 1986 See Schedule O

Employer identification number 02 0502992

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	✓	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		→	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	3		
	describe. If "No," please explain If you need more space, use Schedule O (Form 990)	3		
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	√	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✓	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
ч	with student admissions, programs, and scholarships?	4c 4d	√	
u	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		✓
b	Admissions policies?	5b		✓
С	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		√
е	Educational policies?	_5e		✓
f	Use of facilities?	5f		✓
_	Ablaha asa asaasa	5g		1
g	Athletic programs?	J		
h	Other extracurricular activities?	5h		✓
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990).			
-				
6a b	Does the organization receive any financial aid or assistance from a governmental agency?	6a 6b		✓
D	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).			Ė
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number
Dartmouth College Class of 1986 02 0502992

► Attach to Form 990.

Dartmouth College Class of 1986 is an alumni group and a subordinate organization of Trustees of Dartmouth College	-
(EIN 02-022211). As part of a group exemption with the Trustees of Dartmouth College (Group Filing Number 8204),	-
Dartmouth College Class of 1986 is recognized as exempt as a school under IRC 509(a)(1) and 170(b)(l)(A)(ii).	_
Dartmouth College Class of 1986 is an alumni organization that supports the Trustees of Dartmouth College through	•
various activities.	_
	-
	-
	-
	-
	-
	-
	-
	-
	_
	_
	-
	-
	-
	-
	-
	-
	-
	-
	-
	-

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
	<u> </u>
r	

	••••••