

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



990-EZ

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 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 \$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

	Intern	nternal Revenue Service		L	► The organization may have	e to use a copy of this	return to satisfy state	reportii	ng requireme	ents		IIIO	pection	الكنا
	A F	or the	2009 calend	ar year,	or tax year beginning	July 1	, 2009	, and	ending	J	une 30		, 20	10
	Вс	heck if ap	plicable	Please	C Name of organization					D Empl	over ide	ntification	on number	
	_	ddress c	•	use IRS	Dartmouth Class of 1976	:					-	-33915		
	Ħ	lame cha	3	label or print or	Number and street (or P O b		ared to etreet address	. I Por	om/suite	E Tolon			-	—
ĺ	_	nitial retur	-	type			red to sireet address;	Inoc		E Telep				
İ	ד ⊡	erminate	d	See	6068 Blunt Alumni Cente				103		603	3-646-32	200	
	┌	mended	return	Specific Instruc-	City or town, state or country	/, and ZIP + 4				F Grou	р Ехеп	nption		
		pplication	n pending	tions.	Hanover NH 03755					Num	ber >		8204	,
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting						ntina Ma	athod	[√] Cas	sh 🗌 Acc	crual		
	· · · · · · · · · · · · · · · · · · ·							•		U Oas	»II ACC	Ji uui		
	The second secon													
		H Check ►												
		/ebsit			lartmouth.org/classes/76/				require	d to att	ach Sc	hedule l	B (Form 99	30 ,
	<u>J T</u>	ax-exe	mpt status (check or	nly one) — 🗹 501(c) (3) ◀ (insert no)	4947(a)(1) or	527	990-EZ	z, or 990	D-PF)			
	K C	heck 🕨	🕨 🔲 ıfth	e organi	zation is not a section 509(a	a)(3) supporting orga	anization and its gro	ss rec	eipts are no	ormally	not mo	re than	\$25,000 /	Α
	F	orm 99			turn is not required, but if t		-			-				
				•	9 to determine gross receip		····				• •		30	0,310
		art I			enses, and Changes						rtions	for Pa		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
							Of Faria Balan	003	000 110	1130 00		101 1 2		
		1			ts, grants, and similar ar					. [1			7,755
2		2			evenue including goverr	nment fees and c	ontracts				2			
		3	Membersh	ııp dues	and assessments.]	3			
		4	Investment	t incom	e					.	4		1	1,425
-		5a	Gross amo	ount fro	m sale of assets other the	nan inventory .	5a	.			4 (33)			
₹1		b	Less, cost	or othe	er basis and sales expen	ises	5b	,			5 5			
=		C			•				ia)		5c			
۲	e l	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ □								30			
UE C	Revenue						-	illing, (HICCK HOLE P		in the second			
	۾ آھ	а		•	ot including \$	of co	ntributions	,			**			
SCARRED	R		reported o	n line 1) <i>.</i>		<u>6</u> a	<u> </u>		1,130				
Z		b	Less. direc	t exper	nses other than fundrais	ing expenses .	<u>6</u> 6	<u> </u>		1,733	S 35			
Z		С	Net income	e or (los	ss) from special events a	and activities (Sub	stract line 6b fron	n line	6a)		6c		((603)
⋖		7a	Gross sale	s of inv	entory, less returns and	allowances	7a	.						
		b				<u> </u>	\ 7b				2.3			
92	' I	С	Gross prof	it or (lo	ds sold ss) from sales of invento	SEANS Untract line !	7h from line 7a)				7c			
		8	Other reve			W (OGBITAGE III)	2	• •		` ,	8			
	l	9	Tatal name	nue (ue	dd lines 1000 4 Face	72 -20/10 /	(<u>a</u>)			— <u>'</u> }				
	\dashv		Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c	2, 7c, and 8	<u> </u>	•	· ·	. 🏲	9			3,577
		10			r amounts paid (attach(s	chedule)	٠٠٠ لر٠			.	10		7	7,000
		11			r for membeks&\ . \	ial W	·/····································				11			
	es	12	Salaries, o	ther co	mpensation, and employ	yee benefits				. [12			
	benses	13	Profession	al fees	and other payments to	independent cont	ractors			[13			
		14	Occupance	y, rent,	utilities, and maintenand	će				. [14			
	ω	15			ons, postage, and shipp						15		14	1,709
		16	Other expe	enses (c	describe insurance,	processing charge	es	•		٠ , ١	16			1,124
	i	17	Total expe	neae	Add lines 10 through 16						17			2,833
	\dashv	18			for the year (Subtract III		•	• •	· · · ·		- 1			
	Net Assets										18			5,744
	SS	19			d balances at beginning									
	۲				reported on prior year's						19		99	9,318
	힐	20			net assets or fund balar						20			
		21	Net assets	or fund	d balances at end of yea	r. Combine lines	18 through 20		•	. ▶	21			5,062
	Pa	art II	Balance	Shee	ts. If Total assets on lin	e 25, column (B)	are \$1,250,000 o	r more	e, file Forr	n 990 i	nstead	of For	rm 990-E	Z.
					(See the instructions				(A) Begi				End of year	
	22	Ca	sh. savinos	and in	vestments	•					3,318 2			5.062
	23		nd and build									23		,,,,,,
	24			-				• •	 -					
	25								24		- 055			
		_								99	,318 2		105	,062
	26	10	tal liabilitie	s (desc	ribe ► alances (line 27 of colu	(0))	-			26		
	27	Ne	LASSETS OF	aund b	alances line 27 of colu	mo ini must sore	with line 21)			0.0	249 6	7!	40E	063

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



Form 990-EZ (2009)



	990-EZ (2009) Dar Mouth Clas			<u> 39155</u>	<u> </u>	Page 2
Wha Desc mah	till Statement of Program Service Accommod to the organization's primary exempt purpose? The what was achieved in carrying out the organization the services provided, the number is program title	enhance alumni interest in ganization's exempt purpo	Dartmouth College ses. In a clear a	nd concise	501(c organ 4947	Expenses Jired for section (3) and 501(c)(4) (a) and section (a)(1) trusts, optional
	Distribution of publications and membership materi	als to approximately 1,000 cl	assmates, including	9	for ot	hers)
	administrative expenses					
29	(Grants \$) If this amount Funds contributed to Dartmouth College in support	includes foreign grants, ch of its education purpose	eck here	▶ □	28a	15,833
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	7,000
30						
		includes foreign grants, ch		▶ □	30a	
31	Other program services (attach schedule)					
32	Total program service expenses (add lines 28a	includes foreign grants, ch through 31a)		· F 🗆	31a 32	22,833
	List of Officers, Directors, Trustees, and Ke			ted. (See the		
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred comper	ns to plans &	(e) Expense
	ettinger t Alumni Center, Hanover NH 03755	Co-President, as needed	0		0	0
	atari t Alumni Center, Hanover NH 03755	Co-President, as needed			0	
M. N		Treasurer, as needed	0	0		0
Blur	t Alumni Center, Hanover NH 03755	Treasurer, as needed	0	·	0	0
		-				,
					_	
						
			_	_		
			•			
						
		<u> </u>				

	·		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.	gy in a	新 火	Later and the
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?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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 0	4,	<u> </u>	36.
b	Did the organization file Form 1120-POL for this year?	37b		✓
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		₹ √
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	ا تر يغور	1	\$ 4.6
39	Section 501(c)(7) organizations. Enter:	100		
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	30		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0 , section 4912 \blacktriangleright 0 , section 4955 \blacktriangleright 0		3 ° 6 74 	
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		1. 4 Cm	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	42. AC . 1 80. 1	\$4	
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. ► N/A			
42a	The organization's books are in care of ▶ Melanie Fisher Matte Telephone no. ▶	201-30	7-7664	1
	Located at ► Blunt Alumni Center, Hanover NH ZIP + 4 ►	037	55	
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.		. 2 s 	* '
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: ▶			_ •
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. •	▶ □
		ſ	Yes	Nic
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	1.3	res	
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	44	3 2	*

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

EIN

•

Part	Section 501(c)(3) organizations and section 4 501(c)(3) organizations and section 4947(a)(1) n and complete the tables for lines 50 and 51.	1947(a)(1) nonexe onexempt charital	mpt charitab ble trusts mus	ole trusts only. Ast answer question	ll sec ns 4	tion 6–49t	0
46	Did the organization engage in direct or indirect political	campaign activities	on behalf of or	r in opposition to		Yes	No
	candidates for public office? If "Yes," complete Schedule	•			46		✓
	Did the organization engage in lobbying activities? If "Yes				47		✓
	Is the organization a school as described in section 170(b)(E	48	✓	
	Did the organization make any transfers to an exempt nor		organization?		49a		✓
	If "Yes," was the related organization a section 527 organ				49b		
50	Complete this table for the organization's five highest cor	npensated employed	es (other than o	officers, directors, f	ruste	es and	d ke
	employees) who each received more than \$100,000 of co		c) Compensation.				
	(a) Name and address of each employee paid more	urs per week ted to position	c, Compensation	(d) Contributions to employee benefit plans & deferred compensation	àc	Expension and allowa	nd
None							
					-		
f	Total number of other employees paid over \$100,000	•	None	<u> </u>			
51 	Complete this table for the organization's five highest or \$100,000 of compensation from the organization. If there	is none, enter "None	9."				triai
	(a) Name and address of each independent contractor paid more the	nan \$100,000	(b) Typ	e of service	(c) Cor	npensa	tion
None							
		· · · · · · · · · · · · · · · · · · ·					

			••••				
ď	Total number of other independent contractors each recei	ving over \$100,000	. ▶	None			
	Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer	, including accompanying other than officer) is based	schedules and sta d on all information	tements, and to the best of which preparer has a	of my	knowle wledge	dge
Sign Here	Melane Fisher	Mary		11/12/20	10		
	Signature of officer		E	Date			
	Melanie Fisher Matte, Treasurer						
	Type or print name and title					_	
Paid Propara	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (See	instructi	ions)

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
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number **Dartmouth Class of 1976** 3391559 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(II) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? No Yes No Yes Yes No

Total

(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) . . . Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc (see instructions) . . 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 15 16a 33½ % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33\% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test -2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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) 2009 Dartmouth Class of 1976 04-339,155% 3

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.)

500	tion A Dublic Support	ed the box of	111116 9 01 F2	u t 1. j			·
	tion A. Public Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
U	mendar year (or inscar year beginning in)	(a) 2003	(b) 2000	(0) 2007	(u) 2008	(e) 2009	(i) 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		_				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	, ,			· · · · ·		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or 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, fourtl			
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15	%_
16	Public support percentage from 2008 5					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 200			-		17	<u>%</u>
18	Investment income percentage from 20					18	<u>%</u>
19a	17 is not more than 331/3 %, check this b	ox and stop he	ere. The organ	zation qualifies	s as a publicly s	supported orga	nization 🕨 🗌
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The orga	nızatıon qualıfıe	s as a publicly	supported organ	nization 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and see instr	ructions >

	orm 990 or 990-EZ) 2009	Dartmou	th Class	ot 1976	04-334559 _{age 4}
Part IV	Supplemental Info Part II, line 17a or 1	rmation. Complete	this part to pr	ovide the explanation	s required by Part II, line 10; formation See instructions.
	N/A	,		any canon additional ma	ionialion ded mandadini.
				•	
					·
			••••		
					·-····
	•••••		•		
			•		
		•			
		•••••			
				•••••	
					•••••
		•••••			
		• • • • • • • • • • • • • • • • • • • •			•••••

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Dartmouth Class of 1976 3391559 YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. 1 bylaws, other governing instrument, or in a resolution of its governing body? 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, 2 programs, and scholarships? 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) Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c 4d d Copies of all material used by the organization or on its behalf to solicit contributions? . . . If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990). Dartmouth Class of 1976 is an alumni organization; the listed material is not pertinent. See Schedule O Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a 5b Admissions policies? Employment of faculty or administrative staff? . . 5c 5d d Scholarships or other financial assistance? . 5e Educational policies? Use of facilities? . . . 5f 5g g Athletic programs? . '. . . . 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 Does the organization receive any financial aid or assistance from a governmental agency? 6a 6b b Has the organization's right to such aid ever been revoked or suspended? 級 If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009	
Open to Public Inspection	

Employer identification number

Dartmouth Class of 1976		04 ;	3391559
Part I, Line 6: Schedule of sp	ecial events and activities		
Mini-reunion fees	1,130	·	
Less: direct expenses	(1,733)		
Net income	(603)		
Part I, Line 10: Grants and si	milar amounts paid		
Gifts to Dartmouth College	e, Hanover NH, to support its exempt education programs	7,00	00
Part VI and Schedule E			
Dartmouth Class of 1976 i	s an alumni group and a subordinate organization of Trustee	s of Dartm	outh College
(EIN 02-0222111). As part	of a group exemption with the Trustees of Dartmouth Collect	e (group fi	ling number 8204)
Dartmouth Class of 1976 i	s recognized as exempt as a school under IRC section 509(a)(1) and se	ction 170(b)(1)(A)(ii).
Dartmouth Class of 1976 i	s an alumni group that supports the Trustees of Dartmouth (College thre	ough various
activities.			
		· • • • • • • • • • • • • • • • • • • •	
		,	
		·	