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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning 7/1, **2009, and ending** 6/30, **20** 10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Dartmouth College Class of 1980 Number and street (or P O box, if mail is not delivered to street address) Room/suite 6068 Blunt Alumni Center 103 City or town, state or country, and ZIP + 4 Hanover, NH 03755	D Employer identification number 04-3391587 E Telephone number 214-649-1020 F Group Exemption Number ► 8204
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ► www.dartmouth.org/classes/80

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

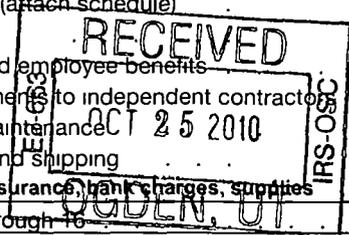
J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 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.)

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,879
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	19,730
	4 Investment income	4	293
	5a Gross amount from sale of assets other than inventory	5a	-0-
	b Less: cost or other basis and sales expenses	5b	-0-
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-0-
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	105,544
	b Less: direct expenses other than fundraising expenses	6b	96,850
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8,694	
7a Gross sales of inventory, less returns and allowances	7a	-0-	
b Less: cost of goods sold	7b	-0-	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-0-	
8 Other revenue (describe ► <u>None</u>)	8	-0-	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	33,596	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4,879
	11 Benefits paid to or for members	11	-0-
	12 Salaries, other compensation, and employee benefits	12	-0-
	13 Professional fees and other payments to independent contractors	13	-0-
	14 Occupancy, rent, utilities, and maintenance	14	-0-
	15 Printing, publications, postage, and shipping	15	13,404
	16 Other expenses (describe ► <u>Insurance, bank charges, supplies</u>)	16	1,039
	17 Total expenses. Add lines 10 through 16	17	19,322
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,274
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	50,266
	20 Other changes in net assets or fund balances (attach explanation)	20	-0-
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	64,540



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	56,596	22 96,486
23	Land and buildings	-0-	23 -0-
24	Other assets (describe ► <u>Late dues payments accruals, prepaid expenses</u>)	-0-	24 1,507
25	Total assets	56,596	25 97,993
26	Total liabilities (describe ► <u>Payables, prepaid dues</u>)	6,330	26 33,453
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,266	27 64,540

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Part V Other Information (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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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		
a	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 <u>-0-</u>		
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	N/A
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>-0-</u> ; section 4912 ▶ <u>-0-</u> , section 4955 ▶ <u>-0-</u>		
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	✓
c	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 ▶ _____		
e	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 ▶ _____		
42a	The organization's books are in care of ▶ <u>Joseph R. Mannes</u> Telephone no ▶ <u>214-649-1020</u> Located at ▶ <u>4016 McFarlin Boulevard, Dallas, TX</u> ZIP + 4 ▶ <u>75205-1724</u>		
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 account)? 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.	42b	✓
c	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 Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43 _____		
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	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	✓	
49a Did the organization make any transfers to an exempt non-charitable related organization?		✓
b If "Yes," was the related organization a section 527 organization?		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Joseph R. Mannes 10/11/10
 Signature of officer Date
 ▶ Joseph R. Mannes, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____
 Phone no ▶ _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Dartmouth College Class of 1980	Employer identification number 04 3391587
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Part I 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.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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 _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3 % 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 1/3 % 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 d Type III—Other
- 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 organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (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?
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (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) ►	(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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 carried 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 instructions)					12	
13 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) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 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 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
b 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
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 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE E
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

2009

**Open to Public
Inspection**

Name of the organization

Dartmouth College Class of 1980

Employer identification number

04 : 3391587

	YES	NO
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?		✓
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 describe. If "No," please explain. If you need more space, use Schedule O (Form 990). <u>See statement in Schedule O</u>		✓
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	✓
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	✓
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). <u>See statement in Schedule O</u>	4d	✓
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	5a	✓
b Admissions policies?	5b	✓
c Employment of faculty or administrative staff?	5c	✓
d Scholarships or other financial assistance?	5d	✓
e Educational policies?	5e	✓
f Use of facilities?	5f	✓
g Athletic programs?	5g	✓
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	5h	✓
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a	✓
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	6b	✓
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 (Form 990)	7	✓



**CLASS OF 1980
Financial Report
Year Ending June 30, 2010**

Fiscal Year 2010

Receipts & Investment Market Value Adjustments			2009/2010		2008/2009
2009/2010 Class Dues Payments	Number	Dues Amount	Totals		Totals
• Class Members	475	\$40 00	\$19,729 50		\$19,645 00
• Widows	0	\$40 00	\$0 00		\$0 00
Investment Income			\$293 86		\$625 48
Other - class project receipts, changes in non-cash investments (describe)					
			\$271 00		\$1,085 00
			\$4,608 00		\$5,525 00
			\$105,543 83		
Total Receipts & Market Value Adjustments:			\$130,446.19		\$26,880.48
Disbursements					
2009/2010 Alumni Magazine Subscriptions	Number	Subscription Cost			
• Class Members	860	\$10 00	\$8,600 00		\$8,630 00
• Widows	4	\$10 00	\$40 00		\$30 00
Dues Campaign (incl materials & postage, processing charges, fees)			\$2,794 77		\$2,612 94
Newsletters (incl postage & special charges)			\$1,968 74		
Liability and Crime Insurance			\$99 50		\$109 65
Supplies (stationery, misc postage, etc)			\$19 25		\$19 67
Mini Reunion Expenses			\$450 00		\$1,000 00
Major Reunion Expenses (30th)			\$96,400 28		\$0 00
Class Projects (describe)					
Friends of Dartmouth Lacrosse			\$271 00		\$10,000 00
Laune Van Buskirk			\$4,608 00		\$5,525 00
Other (describe) bank charges, software charge, misc reimbursements			\$920 81		\$952 26
Total Disbursements:			\$116,172.35		\$28,879.52
Surplus(Deficit):			\$14,273.84		(\$1,999.04)
Total Class Resources (as of June 30)					
Checking Accounts & Timed Deposits (describe)					
Checking Accounts, Chase and Ledyard			\$6,120 74		\$3,142 27
Savings Accounts/CD, Chase			\$53,641 23		\$53,453 67
30th Reunion Account			\$36,985 77		
Other assets @ market value (investments, prepays etc)(describe)					
• Name					
• Name					
• Name					
Total Resources:			\$96,747.74		\$56,595.94

Dartmouth College Class of 1980 Profit & Loss July 2009 - June 2010

	Total	
Income		
	271 00	
	4,608 00	
Membership Dues	19,729 50	
Total Income	\$24,608.50	
Expenses		
30th Reunion Expenses	0 00	
30th Bank Charges	875 98	
30th food costs	✓ 38,097 83	
30th Miscellaneous	819 28	
30th Reunion Registration Income	-105,543 83	< + 450
30th--Beverage costs	✓ 5,785 59	
30th--Communications	3,045 47	
30th--Entertainment and Performance Groups	✓ 1,200 00	
30th--printing	1,750 00	
30th--Special Activities, Setups and Other	576 00	
30th--Student workers	5,915 00	
30th--Supplies and materials	100 00	
30th--Transportation	403 88	
Head tax and supplemental fees	✓ 21,236.00	
Kids Programs	✓ 8,598 75	
Other Committee Expenses	245 00	
Souvenirs	7,751 50	
Total 30th Reunion Expenses	-9,143.55	
Bank Charges	582 24	
Credit Card Charges, V/MC	89.33	
Paypal fees	83 58	
Total Bank Charges	- 755.15	
Class Gift, College Lacrosse	271 00	
Class Project, Laurie Van Buskirk Fund	4,608 00	GA
Dues Mailings Expenses	0 00	
Dues Labor	342 20	
Dues Postage	695 60	AC
Dues Printing	335 55	
Total Dues Mailings Expenses	1,373.35	
Insurance	99 50	I
Other Miscellaneous Service Cost	59 11	Supp MSC
Newsletter Expenses	1,968 74	NL
Other College Admin Charges	586 75	AC
Total Other Miscellaneous Service Cost	2,614.60	
Postage expense	357 82	AC
Processing/Dues	8,746.55	146.55 -
Promotional	48.70	AC
Reunion Expenses	450.00	M-R

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		30th Reunion	Mini-Reunion		(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	105,544	-0-		105,544
	2 Less Charitable contributions	-0-	-0-		-0-
	3 Gross income (line 1 minus line 2)	105,544	-0-		105,544
Direct Expenses	4 Cash prizes	-0-	-0-		-0-
	5 Noncash prizes	-0-	-0-		-0-
	6 Rent/facility costs	29,835	450		30,285
	7 Food and beverages	43,883	-0-		43,883
	8 Entertainment	1,200	-0-		1,200
	9 Other direct expenses	21,482	-0-		21,482
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(96,850)
	11 Net income summary. Combine line 3, column (d), and line 10				8,694

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in.		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Dartmouth College Class of 1980

Employer identification number

04 : 3391587

Part VI and Schedule E

Dartmouth College Class of 1980 is an alumni group and a subordinate organization of the Trustees of Dartmouth College

(EIN 02-022211). As part of a group exemption with the Trustees of Dartmouth College (Group Filing Number 8204),

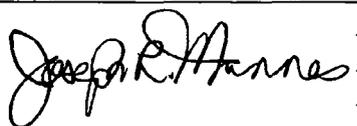
Dartmouth College Class of 1980 is recognized as exempt as a school under IRC 509(a)(1) and 170(b)(1)(A)(ii). Dartmouth

College Class of 1980 is an alumni club that supports the Trustees of Dartmouth College through various activities.

Part I, Line 10 Grants and similar amounts paid (to Dartmouth College)

Laurie Van Buskirk Fund: \$4,608.00

Dartmouth College Lacrosse Club: \$271.00

Notes							
The LVB/DC Lacrosse contributions were accrued but not paid at 6/30/10 and 6/30/09. Consequently, total resources will decrease by the amount of these gifts.							
The class gifts from the 30th reunion, \$10,000, have not yet been accrued or paid. They will be paid in October, 2010.							
The 30th Reunion account bank account includes all receipts (net of expenses), EXCEPT the DDS bill had not been formally received at 6/30/10 (\$27,414.97).							
It was accrued as an expense, but not paid. The 30th Reunion account will decrease by the amount of the DDS bill.							
Questions							
1) Has the class incurred any expenditures for lobbying or political purposes?				No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, provide the purpose and the amount of those expenditures on an attached page.							
2) Did the class make loans to, or borrow from, any officer?				No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>		
Were there any such prior year loans still unpaid at the beginning of this tax year?				No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, please provide details and amounts on an attached page.							
3) Did the class enter into any financial transaction over \$500 with an officer, a member of the officer's immediate family, or an entity of which the officer is a proprietor, partner, employee or officer?				No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, provide details on an attached page.							
4) Did the class sell, lease, or purchase any real estate to or from any officer?				No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, provide details on an attached page.							
This Report Prepared By:							
Date:				8/3/2010			
Please Print Name:				Joseph R. Mannes			
Please mail or fax this report to the attention of Jennifer Casey by August 31, 2010.							
Dartmouth Class Treasurers Association				Phone (603)646-2292			
6068 Blunt Alumni Center, Suite 103				Fax (603)646-1600			
Hanover, NH 03755-3590				jennifer.casey@dartmouth.edu			

	<u>Total</u>
Stationery & Printing	428.15] DC
Supplies	19.25] SWPP
Total Expenses	\$10,628.52
Net Operating Income	\$13,979.98
Other Income	
Interest Earned	57.00
Interest Earned, CD	235.83
Miscellaneous Income	1.03
Total Other Income	\$293.86] ZNC
Net Other Income	\$293.86
Net Income	\$14,273.84

Sunday, Oct 10, 2010 07:11:52 PM GMT-5 - Accrual Basis

Dartmouth College Class of 1980
Balance Sheet
As of June 30, 2009

	Total
ASSETS	
Current Assets	
Bank Accounts	
Chase CDs	0 00
Chase CD exp 9/9/09	35,000.00
Total Chase CDs	35,000.00
Chase Checking	562 47
Chase Savings	18,453 57
Ledyard Account	2,579 90
Total Bank Accounts	\$56,595.94
Accounts Receivable	
Late payments Accrual	0 00
Total Accounts Receivable	\$0.00
Total Current Assets	\$56,595.94
TOTAL ASSETS	\$56,595.94
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Other Current Liabilities	5,525 00
Prepaid Dues	720 00
Prepaid Laurie Van Buskirk Fund	85 00
Total Other Current Liabilities	\$6,330.00
Total Current Liabilities	\$6,330.00
Total Liabilities	\$6,330.00
Equity	
Opening Balance Equity	51,957 69
Retained Earnings	10,910 79
Net Income	-12,602.54
Total Equity	\$50,265.94
TOTAL LIABILITIES AND EQUITY	\$56,595.94

Sunday, Oct 10, 2010 07:08:04 PM GMT-5 - Accrual Basis

Dartmouth College Class of 1980
Balance Sheet
 As of June 30, 2010

	Total
ASSETS	
Current Assets	
Bank Accounts	
Chase CDs	0 00
Chase CD exp 9/9/09	0 00
Chase CD exp 6/10/10	0 00
Total Chase CDs	0.00
Chase Checking	1,742 19
Chase Savings	53,641 23
Ledyard Account	4,378.55
Ledyard Bank--30th Reunion	36,723 77
Paypal	0 00
Total Bank Accounts	\$96,485.74
Accounts Receivable	
Late payments Accrual	682 40
Total Accounts Receivable	\$682.40
Other Current Assets	
Prepaid Expenses	825 00
Total Other Current Assets	\$825.00
Total Current Assets	\$97,993.14
TOTAL ASSETS	\$97,993.14
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Other Current Liabilities	33,453 36
Prepaid Dues	0 00
Prepaid Laurie Van Buskirk Fund	0 00
Total Other Current Liabilities	\$33,453.36
Total Current Liabilities	\$33,453.36
Total Liabilities	\$33,453.36
Equity	
Opening Balance Equity	51,957.69
Retained Earnings	6,283 57
Net Income	6,298.52
Total Equity	\$64,539.78
TOTAL LIABILITIES AND EQUITY	\$97,993.14

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Sunday, Oct 10, 2010 07 07 31 PM GMT-5 - Accrual Basis