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Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

Return of Organization Exempt From Income Tax OMB No 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning APR 1, 2012 and ending MAR 31, 2013

В	Check if applicable	C Name of organization	_	D Employer identifi	cation number						
_		PHI DELTA ALPHA FRATERNITI									
	Addre										
	Name chang	Doing Business As		02-0	<u> 171967 </u>						
Ļ	initial return		Room/su	I - '							
Ļ	Termir ated	HB 3217		909-	<u>753-6078 </u>						
Ļ	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	G Gross receipts \$ 292,121.						
	Application pendir	HANOVER, NH U3/33		H(a) Is this a group re	H(a) Is this a group return						
	porten	F Name and address of principal officer: DEREK DEWITT		for affiliates?	Yes X No						
_	SAME AS C ABOVE H(b) Are all affiliates included? Yes No										
		empt status 501(c)(3)X 501(c) (7) ◀ (insert no.) 4947(a)(1) c	or 5		list (see instructions)						
		e: PHIDELTAALPHA.BLOGSPOT.COM		H(c) Group exemptio							
	art I	organization: X Corporation	L Ye	ar of formation: 1960 N	M State of legal domicile: NH						
ட		Summary									
ŝ	1	Briefly describe the organization's mission or most significant activities: COLLI	EGE S	STUDENT FRATE	RNITY						
Governance		Check this box I if the organization discontinued its operations or disposit	REC	EIVED.							
Ver		Number of voting members of the governing body (Part VI, line 1a)	Sea-OITII		8						
ဗိ	1 .			181 -	8						
ళ	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)?	MAR 2	4 2014 0 5	0						
iţie	6	Total number of volunteers (estimate if necessary)			0						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	DGD	EN, UT 7a	0.						
ď		Net unrelated business taxable income from Form 990-T, line 34		7b	0.						
Revenue			Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)	Γ	575.	8,305.						
	9	Program service revenue (Part VIII, line 2g)	Γ	261,500.	283,816.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,700.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		264,775.	292,121.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	0.	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	_	0.	0.						
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)]_	0.	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u> _	0.	0.						
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	<u>253,248.</u>	255,661.						
ı	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>253,248.</u>	255,661.						
<u>_</u>	19	Revenue less expenses Subtract line 18 from line 12		11,527.	36,460.						
Net Assets or		T. 1. 1. (D. 1.V. I 10)	- -	Beginning of Current Year	End of Year						
SSe	20	Total assets (Part X, line 16)	-	553,742.	563,049.						
et	21	Total liabilities (Part X, line 26)	-	113,900.	86,747.						
급	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		439,842.	476,302.						
_		lities of perjury, I declare that I have examined this return, including accompanying schedule	e and etat	amente and to the heet of m	w knowledge and holief it is						
		et, and complete. Declaration of preparer (other than officer) is based on all information of wi			iy kilowicaye alla bellel, it is						
	<u>, 001.00</u>	A CIR -	поп рторо	nor nas any knowledge.							
Sig	חכ	Signature of officer		Date,							
He		TAYLOR CATHCART, PRESIDENT	-	3/14/14	L						
•••		Type or print name and title									
_	-	Print/Type preparer's name Preparer's signature	_	Date Check	PTIN						
Pa	id	CHRISTOPHER C. BARRETT, CCHRISTOPHER C.	BARRI	E02/18/14 self-emplo	P00136626						
	parer		PC	Firm's EIN	02-0476956						
	e Only	Firm's address 19 MORGAN DRIVE		7.1.1.2.2.1							
		LEBANON, NH 03766		Phone no. 6	03-653-0044						
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

232002 12-10-12

Other program services (Describe in Schedule O)

Total program service expenses

including grants of \$

253,761.

PHI DELTA ALPHA FRATERNITY Form 990 (2012) DARTMOUTH COLLEGE

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	
-	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			İ
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	·-··	<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> X</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	40h		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	900	(2012)
		rorm	フプリ	(2012)

PHI DELTA ALPHA FRATERNITY Form 990 (2012) DARTMOUTH COLLEGE Part IV Checklist of Required Schedules (continued)

			Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	1		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	l		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		İ '	
	Schedule J	23		<u>X</u> _
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ	1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			!
	Schedule K. If "No", go to line 25	24a	 	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		ĺ
	any tax-exempt bonds?	24c	<u> </u>	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1	Ì	}
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	<u> </u>
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ŀ		
	Schedule L, Part I	25b	<u> </u>	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	├	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			İ
	instructions for applicable filing thresholds, conditions, and exceptions))	,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	├	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		l	
24	contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	- AL
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 30	 	
•	Part V, line 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		T
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2012)
				,

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PHI DELTA ALPHA FRATERNITY Form 990 (2012) " DARTMOUTH COLLEGE
Part V Statements Regarding Other IRS Filings and Tax Compliance

Senter the number reported in Box 3 of Form 1096. Enter 0.4 not applicable 1a 0 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1096. Enter 0-th in the applicable 1b				Yes	No
be Enter the number of Forms W-20 included in line 1a. Enter O-1 find applicable of the regimentation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize womens? 2a. Enter the number of employees eported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendary year ending with ording with the year covered by this return. 2b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 12a is greater than 250, you may be required to e-five flee enstructions). 3a. Did the organization for for this year? ("No." provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account from the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account from the second country pub. as a bank account, securines account, or other financial accounts. 3b. If "Yes, in enter the name of the foreign country pub. See instructions for filing requirements for form TD F0-22 1, Report of Foreign Bank and Financial Accounts. 3b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or charatable contributions? 5c. If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductibles a charatable contributions? 6c. If "Yes," indicate the number of Forms 88817 6c. If yes, "Indicate the comparation include with every solicitation an express statement that such contributions or grits were not tax deductibles. 6c. If yes, "Indicate the organization include with every solicitation and express of services	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this roturn b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; for the year "I" "hos, provide an explanation in Schedule O 5b If "Yes," and if the a form 900 To this year "I" "hos, provide an explanation as faculty." 5a Was the organization aparty to a prohibited tax shelfer transaction at any time during the tax year? 5b If Yes, and the organization in the organization that it was or is a party to a prohibited tax shelfer transaction at any time during the tax year? 5b If Yes, did the organization in the organization the form 898-7. 6c Did be organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If Yes, did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contribution and partly for goods and services provided? 6c If Yes, and the organization norby the donor of the value of the goods or services provided? 6c If Yes, indicate the number of Forms 8282 filed during the year bill the organization tractic? 6c Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? 6c Did the organization makes a distribution of cars, boats, anylanes, or other vehicles, did the organization file a Form 1088-07 6c Did the organization semi	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, of the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if Yes, **Inst at filed a Form 990-F for this year* if **No,** provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a spatiation or other authority over, a financial account in a foreign country. b if Yes, **enter the name of the foreign country.** b if Yes, **enter the name of the foreign country.** b if a the state organization and the programation have an interest in, or a spatiation or other authority over, a financial account in a foreign country.** b If a the state organization and the programation from TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibitor of the value of the programation at any time during the tax year? 5b D dainy taxable party hority the organization file Form 8886-7? 5c If Yes, **to the organization in the organization file Form 8886-7? 5c If Yes, **to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b if Yes, **dot the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If Yes, **dot the organization include a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7c Did the organization received any funds, directly or indirectly, to pay premums on a personal benefit contract? 1b If Yes, **dot the organization included on the year organization included on the	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
field for the calendar year ending with or within the year covered by the return Note. If the sam of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 mee during the year? 3b. If Yes, * insta if field a form 990 for for this year? If * 'Tho, * provide a currier so, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial accountly? 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4b. If *Yes,* enter the name of the foreign country because account, or other financial accountly? 5c. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization and party to a prohibited tax shelter transaction? 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductables as charitable contributions? 6c. Was a contribution of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables as charitable contributions. 6c. Was a contribution of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables as charitable contributions under section 170(c). 6c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables as charitable contributions under section 170(c). 6c. Did the organization receive a payment in excess of 55 med party as a contribution of party for pods and services provided? 6c. Did the organization received and the supporting of the organization received and the contribution of cars, boats, arrelative provided? 6c. Did the organization received and solicity of		(gambling) winnings to prize winners?	1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, has it filed a Form 990-T for this year? If YNo, 'provide an explanation in Schedule O 4a At any time during the calendary 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)? 5b If Yes, and the organization are foreign country to provide the thing and the foreign country to provide the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the foreign path of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the value of the goods or services provided? 7b If Yes, did the organization notify the donor of the value of the goods or services provided? 7c Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292? If the organization discrete the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intelectual property, did the organization file Form 899 as required? 10 Did the organization or received a contribution of qualified intelectual property, did the organization file Form 899 as required? 10 Did the organization make any travible didentified file and set describin	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0]		
3a De the organization have unreliated business gross income of \$1,000 or more during the year? b if "Yes," has it filled a Form 990-T for this year? If "No." provide an explanation in Schedule O 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)? b if "Yes," intere the name of the foreign country [Such as a bank account, securities account, or other financial account)? See instructions for filling requirements for Form TD F 902 21. Report of Foreign Bank and Financial Accounts Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the ine 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c Did the organization seeve a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a Total of the organization services and the one of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization receive any furthed, directly or indirectly, to pay premiums on a personal benefit contract? 7b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 7c Spensoring organizations maintaining donor advised funds and sect	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
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b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b C section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0. Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b 13c 13a 13a 13b 13b 13c 14a 13c 14a 13c 14a 13c 14a 13c 14a 14b 15c					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-		ł		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13a		
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans	1		1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_	•	 		<u> </u>
			14a		<u> X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u> </u>

232005 12-10-12

02-0171967 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI				_	X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			Ì				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		_8_				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other					
	officer, director, trustee, or key employee?			2		X		
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X		
6	6 Did the organization have members or stockholders?							
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?			7a	ļ	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			х		
persons other than the governing body?								
Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a The governing body?								
b Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the	Ì		Ì		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	ļ.,	<u> X</u>		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)					
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
and branches to ensure their operations are consistent with the organization's exempt purposes?						37		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay berc	ore tiling the form	¹⁷ 11a	-	X		
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990			40.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	o to oor	officeto?	12a	 -	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			12b	 			
С	In Schedule O how this was done	res, u	escribe	100				
13	Did the organization have a written whistleblower policy?			12c 13	х			
13 14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approve	al by "	ndenendent	14		-47		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	a opoliuoni					
9	The organization's CEO, Executive Director, or top management official			15a		x		
h	Other officers or key employees of the organization			15b		X		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a					
-	taxable entity during the year?			16a		x		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		· · · · · · · · · · · · · · · · · · ·					
	exempt status with respect to such arrangements?			16b		<u></u>		
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s or	nly) availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply							
Own website Another's website X Upon request Other (explain in Schedule O)								
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar								
statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the orga	nızatıon. 🕽	-			
	PHI DELTA ALPHA FRATERNITY - 909-753-6078							
23200	HB 5217, HANOVER, NH 03755							
23200 12-10				Forr	n 990	(2012)		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	rtion more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GEORGE HELDING	14.00		İ	}						
PRESIDENT				X				0.	0.	0
(2) SAMUEL BAUER	14.00									
VICE PRESIDENT				X			<u> </u>	0.	0.	0
(3) SAMUEL STERN	14.00						•			
TREASURER				X			L	0.	0.	0
(4) DANIEL HARNISH	14.00		ļ							
HOUSE MANAGER		ļ		X				0.	0.	0
(5) ZAC MOSKOW	14.00								_	_
HOUSE MANAGER			ļ	X				0.	0.	0
(6) ROB BRETT	14.00									
HOUSE MANAGER		-	<u> </u>	X				0.	0.	0
(7) G. MATT VETTER	14.00	┨							_	
SOCIAL CHAIRMAN	1100	_	<u> </u>	X		ļ		0.	0.	0
(8) DANIEL BERNHARD	14.00	-							_	_
SOCIAL CHAIRMAN			<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
		-]				
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		Estimat	
		hours per week					ıs bot or/trus		compensation from	compensation from related	a	amount other	
		(list any	director						the	organizations	СО	mpens	
		hours for	dire				Eg.	İ	organization	(W-2/1099-MISC)		from th	
		related organizations	individual trustee or	Institutional trustee		يو ا	Highest compensated employee		(W-2/1099-MISC)			rganıza	
		below	taal tr	tonal		етрюуее	yee yee					nd rela ganızat	
		line)	JA Pu	Institu	Officer	Key en	Habe	Former	İ			guinza	10110
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		<u> </u>											
46	Sub-total	L	<u> </u>	<u> </u>	l		\vdash	L	0.		-		0.
_	Total from continuation sheets to Part V	Il Section A							0.	0			0.
	Total (add lines 1b and 1c)	ii, Section A							0.				0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	ho re		·			
	compensation from the organization									· · ·			
												Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4	For any individual listed on line 1a, is the si	•		-					•	the organization			
_	and related organizations greater than \$15										4	-	X
5	Did any person listed on line 1a receive or	•				•		relat	ed organization or indiv	idual for services	_ ا		_X
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	ipiete Scriedui	e J i	or s	ucn	pers	SOII				5_		<u> </u>
1	Complete this table for your five highest co	mpensated in	dep	ende	ent o	onti	racto	ors t	that received more than	\$100,000 of compe	nsation	from	
-	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and business	address	N	ON!	E				Description of	services	Comp	ensatio	on
								\dashv					
								\dashv					
	·							_					
2	Total number of independent contractors (including but r	ot l	mite	ed to	tho	se li	stec	d above) who received r	nore than		_	
_	\$100,000 of compensation from the organ						0				_		
_											For	n 990	(2012)
23200 12-10	8 -12												,

PHI DELTA ALPHA FRATERNITY DARTMOUTH COLLEGE

<u> Form 990 (20</u>		DARTMOUTH	<u> </u>
Part VIII	Statement	of Revenue	

		Check if Schedule O cont	ains a response	to any question in	n this Part VIII			
	<u>-</u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	1a					
in a		Membership dues	1b					
Ω, Ĕ	С		1c					
# F		Related organizations	1d					
S,E	e	0						
E S	f	All other contributions, gifts, grant						
F E	•	similar amounts not included above	1 1	8,305.				
10 m		Noncash contributions included in lines		073031				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	1a-11 \$		8,305.			
<u> </u>		TOTAL FIGO WINDO TO TE		Business Code	0/303.			
	2 a	STUDENT HOUSING		721310	230,620.	230,620.		
Š		STUDENT SOCIAL		900099	53,196.	53,196.		
Program Service Revenue	C		IIIID CIV	300005	33,130.	33,130.		-
E S	d							
P. P.	e							
품	•	All other program service reve	nue -					
		Total. Add lines 2a 2f	iliac		283,816.			
	3	Investment income (including	dividends intere	est and	20370101			
	·	other similar amounts)	arriaginas, micon	>				
İ	4	Income from investment of tax	x-exempt bond r	proceeds				
ļ	5	Royalties	· catompt bond p					
	·	rioyamoo	(i) Real	(ii) Personal				
1	6 a	Gross rents	(7.104.	(1) 1 0 0 0 1 1 2				
1		Less rental expenses						
		Rental income or (loss)						
- 1		Net rental income or (loss)						
İ		Gross amount from sales of	(ı) Securities	(ii) Other				
	, -	assets other than inventory	W Cood	1,17,54.1.0.				
	h	Less: cost or other basis						
		and sales expenses		1				
ļ	c	Gain or (loss)						
		Net gain or (loss)						İ
		Gross income from fundraising	a events (not		·			-
nue		including \$	of					
e e		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a	1	İ			
‡	b	Less direct expenses	b					-
0	С	Net income or (loss) from fund	draising events	•				
ļ		Gross income from gaming ac	-					
l		Part IV, line 19	а					
ĺ	b	Less direct expenses	b	1				ľ
	С	Net income or (loss) from gam	ning activities	•				
	1 0 a	Gross sales of inventory, less	returns			-		
		and allowances	а					
	b	Less: cost of goods sold	b					1
	c	Net income or (loss) from sales of inventory						
ľ		Miscellaneous Revenu		Business Code				
ľ	11 a							
	b							
į	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.			292,121.	283,816.	0	. 0.
23200								Form 990 (2012)

PHI DELTA ALPHA FRATERNITY Form 990 (2012) DARTMOUTH COLLEGE

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	
	Check if Schedule O contains a response			(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			y i	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
_	Other employee benefits				
9	Payroll taxes				
10 11	Fees for services (non-employees):				
''	Management				
b	Legal				
c	Accounting	1,900.		1,900.	
d	Lobbying	=,,,,,,,			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties				·
16	Occupancy	95,927.	95,927.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				-
19	Conferences, conventions, and meetings Interest	4,340.	4,340.		<u> </u>
20 21	Payments to affiliates	4,340.	4,340.		
22	Depreciation, depletion, and amortization	19,813.	19,813.		
23	Insurance	15/015.	13,013.		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HOUSE FUNCTIONS	54,866.	54,866.		
b	MISCELLANEOUS	36,741.	36,741.		
C	EQUIPMENT AND SUPPLIES	26,447.	26,447.		
d	REPAIRS AND MAINTENANCE	9,253.	9,253.		
е	All other expenses	6,374.	6,374.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	<u> 255,661.</u>	253,761.	1,900.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				L

PHI DELTA ALPHA FRATERNITY DARTMOUTH COLLEGE

Form 990 (2012)
Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		2,186.	1	<u> 19,432.</u>
ı	2	Savings and temporary cash investments		2,068.	2	<u> 13,942.</u>
Ì	3	Pledges and grants receivable, net			3	
ľ	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net	·		7	
Assets	8	Inventories for sale or use			8	
`	9	Prepaid expenses and deferred charges		9	<u> </u>	
	10a	Land, buildings, and equipment, cost or other	1 1			
İ		basis Complete Part VI of Schedule D	10a 707,474.			
	b	Less: accumulated depreciation	10b 177,799.	549,488.	10c	529, <u>6</u> 75.
	11	Investments - publicly traded securities			11	
	12	Investments other securities See Part IV, line		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
-	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	553,742.	16	563,049.
	17	Accounts payable and accrued expenses		3,309.	17	5,809.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		".	20	
တ္တ	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	·
≝i	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
ן כ		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties	110,591.	23	<u>80,938.</u>
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	·
	26	Total liabilities. Add lines 17 through 25		113,900.	26	86,747.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.			
Ĕ	27	Unrestricted net assets		439,842.	27	476,302.
391	28	Temporarily restricted net assets			28	
קַ	29	Permanently restricted net assets	_		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
P		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		439,842.	33	<u>476,302.</u>
	34	Total liabilities and net assets/fund balances		553,742.	34	563,049.
						Form 990 (2012

<u>Form</u>	990 (2012)DARTMOOTH COLLEGE	02-	-0T/TA0/	Pag	<u>ge 12</u>
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29:	2,1	21.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>61.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	439	9,8	42.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	47	6,3	02.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Lash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dıt		1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-10-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

PHI DELTA ALPHA FRATERNITY

DARTMOUTH COLLEGE

Employer identification number 02-0171967

Pai	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, lin	e 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds					
	are the organization's property, subject to the organization's	•	└── Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring					
D	impermissible private benefit?		Yes No					
Pai			Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (e.g., recreation or e		storically important land area					
	Protection of natural habitat	Preservation of a cert	rified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last					
	day of the tax year.							
			Held at the End of the Tax Year					
a	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С.	Number of conservation easements on a certified historic str	2c						
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct						
_	listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax					
4	year							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe	<u> </u>						
6	violations, and enforcement of the conservation easements i		└ Yes					
6	Staff and volunteer hours devoted to monitoring, inspecting,							
7 8	Amount of expenses incurred in monitoring, inspecting, and	-						
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No							
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and expense	Yes No					
9	include, if applicable, the text of the footnote to the organization							
	conservation easements.	tion's illiancial statements that describes	the organization's accounting for					
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form							
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	nent and balance sheet works of art.					
	historical treasures, or other similar assets held for public ex							
	the text of the footnote to its financial statements that descr		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition, e							
	relating to these items:		, p					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X		> \$					
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide					
	the following amounts required to be reported under SFAS 1							
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	▶ \$					
	Assets included in Form 990, Part X		> \$					
	·							

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

Schedule D (Form 990) 2012

13

PHI DELTA ALPHA FRATERNITY

		TH COLLEGE								Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply)		_							
а	Public exhibition	(a 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	•		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organizati	on's exe	mpt purpo	se in Pai	t XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
	•								」Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part					
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses							·		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
9	End of year balance		ļ		<u> </u>				<u> </u>	
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
Ь	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ınd admınıste	red for the	ne organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•							3b	
4 Dai	rt VI Land, Buildings, and Equipm									
rai										
	Description of property	(a) Cost or of basis (investigation)		· ·	or other (other)		ccumulate preciation	ea	(d) Book	value
	Land	Dasis (ilivesti	inerit)	Dasis	` '	uel				000
_	Land			67	800.	-	IEO 41	20	E 0.1	800.
b	Buildings	-		/ ס	2,144.		L50,42	47.	541	,715.
C	Leasehold improvements	-		2	4,530.		27,3	70		160
d	Equipment . Other			3	4,550.		41,3	/ U • 		,160 <u>.</u>
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Port	X colum	nn (R) line i				_	520	,675.
	.,==	was a contractor of all		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ~!~/./			_ 1		

Schedule D (Form 990) 2012

PHI DELTA ALPHA FRATERNITY DARTMOUTH COLLEGE

(a) Description of security or category (including name of security)	Form 990, Part X, line (b) Book value	(c) Method of valuation	on Cost or end	-of-vear market value
) Financial derivatives	(-)	(c)		your manut taldo
) Closely-held equity interests			<u></u>	
Other		-		
(A)		-		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				<u> </u>
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of valuation	on Cost or end	l-of-year market value
(2)			 -	
(3)				
(4)				
(5)				
(6)				
(8)				 ·
(9)				
(10)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 1 (a) D	5. escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	4E \			
	15]			
Part X Other Liabilities, See Form 990, Part X June	ne 25			
Part X Other Liabilities. See Form 990, Part X, III	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability (1) Federal income taxes	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability (1) Federal income taxes (2)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Irr (a) Description of liability (1) Federal income taxes (2) (3)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Infant (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Infants (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Infant (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Inr (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	ne 25	(b) Book value		
(a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Information (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	ne 25	(b) Book value		
Part X Other Liabilities. See Form 990, Part X, In (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)		(b) Book value		
Part X Other Liabilities. See Form 990, Part X, Infants (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	25.)		ments that rep	oorts the organization'

PHI DELTA ALPHA FRATERNITY Schedule D (Form 990) 2012 DARTMOUTH COLLEGE 02-0171967 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12. 2 Net unrealized gains on investments 2a Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities <u>2</u>a Prior year adjustments 2b c Other losses 2¢ d Other (Describe in Part XIII) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2012

SCHEDULE O:

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

PHI DELTA ALPHA FRATERNITY

Employer identification number 02-0171967

DARIMOUTH COLLEGE U2-0171907
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
HOUSE TREASURER BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING
DOCUMENTS AND FEDERAL FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION IN THE
GREEK LETTER ORGANIZATIONS AND SOCIETIES (GLOS) OFFICE AT DARTMOUTH
COLLEGE. ADDITIONALLY, MEMBERS OF THE PUBLIC MAY VIEW GOVERNING DOCUMENTS
UPON REQUEST, TO THE ORGANIZATION. REQUESTED DOCUMENTS WILL THEN BE
PROVIDED IN A PRINTED OR ELECTRONIC FORMAT PER REQUEST.

2934___1

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ı	ightharpoonup	
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)			
	omplete Part II unless you have already been granted a				rm 8868		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a co	rporation	
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension							
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers /	Associated With C	Certain	
	Benefit Contracts, which must be sent to the IRS in pap	-					
	virs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	natic 6⋅mo	onth extension - check this box and o	complete			
Part I onl	у .				1	▶ 📖	
	corporations (including 1120-C filers), partnerships, REM ome tax retums.	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification nur	mber (EIN) or	
print	Phi Delta Alpha Fraternity		:				
	Dartmouth College			_	02-01719	167	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, since the second street is the second street.	ee instruc	tions	Social se	curity number (SS	SN)	
return See instructions	City, town or post office, state, and ZIP code For a fo	reign add	Iress see instructions				
	Hanover, NH 03755	g					
	,						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
	, , , , , , , , , , , , , , , , , , ,		,				
Applicati	ion	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720			09	
Form 990-PF			Form 5227				
Form 990-PF 04 Form 5227 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990-T (trust other than above) 06 Form 8870					12		
	Phi Delta Alpha	a Fra	ternity				
• The be	ooks are in the care of > HB 5217 - Hanos						
Teleph	none No ▶ 909-753-6078		FAX No ▶				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole group	, check this	
box 🕨	If it is for part of the group, check this box	7					
1 re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	November 15, 2013 to file the exemp	t organiza	tion return for the organization name	ed above	The extension		
ıs f	or the organization's return for						
>	calendar year or						
>	X tax year beginning APR 1, 2012	, an	d ending <u>MAR 31, 2013</u>				
2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period							
2= 15.1	his application in fac Form BOO BL COO BE COO T. 1700	6000		1	 	 	
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or after strong the credits. See instructions	ur 0009, 8	niter the tentative tax, less any			0	
nonrefundable credits See instructions 3a \$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$	0.		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.	
	lance due. Subtract line 3b from line 3a. Include your pa			30	-		
by using EFTPS (Electronic Federal Tax Payment System) See instructions.					0.		
	If you are going to make an electronic fund withdrawal v				EO for navmont in		
	or Privacy Act and Paperwork Reduction Act Notice,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	and a section of the section and the section a	Sec High	weddig.		1 01111 8808 ((Rev 1-2013)	

Form 8868 (Rev. 1-2013)					Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box								
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Additional (Not Automatic) 3-Month E	xtensio							
Enter filer's identifying number, see instructions								
Type or Name of exempt organization or other filer, see instructions Employer identification number (EIN)								
print Phi Delta Alpha Fraternity File by the Dartmouth College 02-0171967								
File by the DATCHIOUTH COTTEGE due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number								
mbg your HB 5217		tions.	OOC:81 56	comy numb	st (0014)			
trebustiens. City, town or post office, state, and ZIP code. For a fo	relan add	iress, see instructions.						
Hanover, NH 03755								
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			01			
Application	Return	Application			Heturn			
ls For	Code	Is For	25.55.200000		Code			
Farm 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720			09			
Form 890-PF	04	Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6089						
Form 980-T (trust other than above)	08	Form 8870		ADD	1 12			
STOPI Do not complete Part II if you were not already granted Phi Delta Alpha	en auton	<u>nauc 3-month extension on a prev</u> torn i tu	OURIA LING	a rom aco	0			
• The books are in the care of ▶ HB 5217 - Hanov								
Telephone No. ▶ 909-753-6078		FAX No. ▶						
If the organization does not have an office or place of business	in the Ur				▶ □			
If this is for a Group Return, enter the organization's four digit								
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of						
	Pebru	ary 15, 2014.						
5 For calendar year, or other tax year beginning	APR 1	, 2012 , and ending	MAR	31, 2	013			
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	_ Final r	etum				
Change in accounting period								
The taxpayer is waiting for in					is			
necessary in order to file a c	COMPT	ete and accurate re	eturn	•				
So. With analystics is for Form 200 DL 200 DE 200 T 4700	0000							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See Instructions.	or o∪o9, e	nter the terrative tax, less any			0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6089,	enter onv	refundable andite and estimated	- 8e		<u> </u>			
tax payments made. Include any prior year overpayment all	•							
previously with Form 8868.	O1100 25 C	creat and any amount paid	8b		0.			
c Balance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form. If required, by using		Ψ				
EFTPS (Electronic Federal Tax Payment System), See instru	-	in this forth it reduced; by comig	80	8	0.			
		st be completed for Part II o		-				
Under consilies of certury. I declare that I have examined this form, include	no accomo			f my knowled:	te and belief.			
it is true, correct, and complete, and that I am authorized to prepare this form.								
Signature > Crassity CPA Date > 11/13/13								
Form 8888 (Rev. 1-2013)								

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