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Forth 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| A For the 2013 calendar | | | r year, or tax year beginning July 1 | , 2013, | and ending | J | une 30 | , 20 | 0 14 |
|-------------------------|--------------------------------------|---|---|--------------------|----------------|--------------|----------------------------------|-----------------|-----------------|
| Вс | heck if ap | plicable. | C Name of organization | | | D Empl | D Employer identification number | | |
| = | uddress ch | ٠ ا | Dartmouth College Class of 1968 | | | | 020501113 | | |
| Name change | | - | Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telej | | | | hone nun | nber | |
| _ | nitial retur erminated | | 6068 Blunt Alumni Ctr | | 103 | ļ | 775 | -826-2241 | |
| = | vmended i | | City or town, state or province, country, and ZIP or foreign | postal code | | F Grou | ıp Exem | ption | |
| = | | n pending | Hanover, NH 03755-3548 | | | Num | nber 🕨 | 82 | 04 |
| G A | ccounti | ing Method: | ✓ Cash | | н | Check I | ► 🗹 if t | the organizatio | n is not |
| | ebsite: | | www.dartmouth.org/classes/68/ | | | required | I to attac | ch Schedule B | |
| J Ta | Tax-exempt status (check only one) — | | | | | | 90, 990- | EZ, or 990-PF) |) |
| KF | orm of | organization: | ☐ Corporation ☐ Trust | | | | | | |
| | | | 7b, to line 9 to determine gross receipts. If gross rec | | | | | | |
| (Par | t II, colu | ٠, |) are \$500,000 or more, file Form 990 instead of For | | | | ▶ \$ | | 36,336 |
| Pa | art I | | e, Expenses, and Changes in Net Asset | | | | | | |
| | | Check if | the organization used Schedule O to respon | d to any question | in this Part I | | <u></u> | <u> </u> | . 🗆 |
| | 1 | Contribution | ns, gifts, grants, and similar amounts received | | | | 1 | | 11,570 |
| | 2 | Program s | ervice revenue including government fees and | contracts | | | 2 | | |
| | 3 | Membersh | p dues and assessments | | | 1 | 3 | | 22,350 |
| | 4 | Investmen | income | | | | 4 | | 2,416 |
| | 5a | Gross amo | unt from sale of assets other than inventory | 5a | | | | | |
| | b | Less: cost | or other basis and sales expenses | 5b | | |] | | |
| | C | Gain or (lo | | 5c | | | | | |
| | 6 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | |
| | а | Gross inc | ome from gaming (attach Schedule G if | | | | | | |
| 9 | | \$15,000) | | 6a | | | | | |
| Revenue | b | Gross inco | me from fundraising events (not including \$ | | f contribution | าร | | | |
| æ | | | aising events reported on line 1) (attach Sche | | | | | | |
| _ | | sum of suc | h gross income and contributions exceeds \$15 | | | | | | |
| | С | Less: direc | t expenses from gaming and fundraising event | s 6c | | |] | | |
| | d | Net incom | btract | | | | | | |
| | | line 6c) | | | | | 6d | | |
| | 7a | Gross sale | s of inventory, less returns and allowances . | | l | | | | |
| | b | Less: cost | of goods sold | <u>7b</u> | <u> </u> | | | | |
| | С | Gross prof | it or (loss) from sales of inventory (Subtract line | 7b from line 7a) . | | | 7c | | |
| | 8 | Other reve | nue (describe in Schedule O) | | | • | 8 | | |
| | 9 | Total reve | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . | REC | | <u> </u> | 9 | | 36,336 |
| | 10 | Grants and | similar amounts paid (list in Schedule O) . | | | ည | 10 | | 10,875 |
| | 11 | | ad to or for members | . 18 - MOA (| 7 20:1 - | O. | 11 | | |
| 88 | 12 | Salaries, o | ther compensation, and employee benefits . | S MUA | | SS | 12 | | |
| sesu | 13 | Profession | al fees and other payments to independent cor | ntractors . | ⊆71. L.L | ~.= <u> </u> | 13 | | |
| Expe | 14 | Occupanc | , rent, utilities, and maintenance | | EN.UI | الإ | 14 | | |
| Ω | 15 | ٠ | ublications, postage, and shipping | | | | 15 | | 10, 725 |
| | 16 | | • | | | | 16 | | 1,869 |
| | 17 | Total expe | nses. Add lines 10 through 16 | <u> </u> | <u>.</u> . | . ▶ | 17 | | 23,469 |
| gη | 18 | | deficit) for the year (Subtract line 17 from line 9 | | | | 18 | | 12,867 |
| set | 19 | | or fund balances at beginning of year (from | | | | | | |
| Ą | | end-of-yea | r figure reported on prior year's return) | | | | 19 | | 162,222 |
| Net Assets | 20 | | ges in net assets or fund balances (explain in | | | | 20 | | 8,660 |
| Z | 21 | Net assets | or fund balances at end of year. Combine lines | s 18 through 20 . | <u></u> | . ▶ | 21 | | 170,882 |
| _ | | | A -4 A1-41 4b | | N= 400401 | | | E.m. 000-F | 7 2013 |

| _ | 990-EZ (2 | <u> </u> | | | | | | Page 2 |
|--------------|--------------|---------------------------------------|--|---------------------------------------|---------------------------------------|---|--------------|---|
| Pa | rt II | | ts (see the instructions | | | | | |
| | | Check if the org | ganization used Schedule | O to respond to a | ny question in this | | ···· | <u> </u> |
| | | | | | | (A) Beginning of year | r | (B) End of year |
| 22 | | - | vestments | | - | 162222 | | 170.88 |
| 23 | | | | | - | | 23 | - |
| 24 | | = | e in Schedule O) | | | | 24 | |
| 25 26 | | il assets | · · · · · · · · · · · · · · · · · · · | | | 162,222 | | 170,88 |
| 20 27 | | | ribe in Schedule O) alances (line 27 of columr | · · · · · · · · · · · · · · · · · · · |) | 162,222 | 26 | 470.00 |
| | t III | | Program Service Accom | | | Part III) | 21 | 170,88 |
| , ai | | | ganization used Schedule | | | | _ | Expenses |
| Wha | t is the | | imary exempt purpose? | 7 C to respond to di | ny queenan in thie | · · · · · | | uired for section c)(3) and 501(c)(4) |
| Desc as m | cribe th | e organization's and by expenses. | program service accompli In a clear and concise na relevant information for ea | nanner, describe the | | | orga 4947 | nizations and section (a)(1) trusts; optional thers.) |
| 28 | Gifts to | Dartmouth College | ge | | | | | |
| | | | | | | | | |
| | | | | | | | ŀ | |
| | (Grant | s\$ |) If this amount | includes foreign gra | ints, check here . | <u> ▶ □</u> | 28a | 10,87 |
| 29 | Distrib | ution of publication | ns and membership materia | als to the Dartmouth (| Class of 1968, approx | imately 400 | | |
| | membe | ers | | | | | l | |
| | | | | | | | | |
| | (Grant | s \$ |) If this amount | includes foreign gra | ints, check here . | <u> ▶ ⊔</u> | 29a | 10, 72 |
| 30 | | | | | | | Ì | |
| | | | | | | | ł | |
| | (Grant | | \ If this amount | includes foreign gra | ente check here | N (1 | 30a | İ |
| 31 | | | (describe in Schedule O) | | | · · · · | 300 | |
| ٠. | (Grant | | | includes foreign gra | | ▶ □ | 31a | |
| 32 | 7 | | expenses (add lines 28a | | | | 32 | 21,600 |
| | t IV | | Directors, Trustees, and Ke | | | | | |
| | | | ganization used Schedule | | | | | 🗀 |
| | | | | (b) Average | (c) Reportable | (d) Health benefits, | 1 | |
| | | (a) Name | and title | hours per week | compensation (Forms W-2/1099-MISC) | contributions to employ benefit plans, and | | Estimated amount of ther compensation |
| | | | | devoted to position | (if not paid, enter -0-) | deferred compensation | | |
| Peter | r Fahey | | | | | | | |
| | ident | | | as required | -0- | | 0- | -0- |
| John | Isaacs | on | | | | | | |
| Vice | Preside | ent | | as required | -0- | - | 0- | -0- |
| D. Ja | mes La | wrie | | _ | | | | |
| Trea | surer | | | as required | -0- | <u> </u> | 0- | -0- |
| | d P. Pec | k, Jr. | | | | | | |
| Secr | <u>etary</u> | | | as required | -0- | - | <u> </u> | -0 |
| | | | | | | | | |
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| | | | | 1 | 1 | 1 | - | |

| Part | | | | |
|------|---|------------|---------------|---------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | Part | | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | Yes | No |
| ~ | detailed description of each activity in Schedule O | 33 | | 1 |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | - |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O (see instructions) | 34 | | ✓ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | | , |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 35b | | ✓ |
| C | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | 336 | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | |
| 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 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -0- | | | |
| b | Did the organization file Form 1120-POL for this year? | 37ь | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | ر - |
| b | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved | 38a | | ✓ |
| 39 | Section 501(c)(7) organizations. Enter: | ┨ | | |
| а | Initiation fees and capital contributions included on line 9 | | | |
| þ | Gross receipts, included on line 9, for public use of club facilities |] | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0- | | | |
| 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 405 | | |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | 40b | | ✓ |
| · | organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | - <u></u> - |
| 41 | List the states with which a copy of this return is filed ► None | | | |
| 42a | | | 6-224 | |
| b | Located at ► 1458 Popinjay Drive, Reno, NV ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 89509 | 3-3984 Yes | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | _ | 1 |
| | If "Yes," enter the name of the foreign country: ▶ | | | i . |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | <u></u> | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here | | | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | 1 | |
| 44- | Did the executation mountain any dense advised funds during the year? If "Vec " Form 900 must be | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | - | - 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | 1 |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| đ | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of | | | |
| | Form 990-EZ (see instructions) | 45b | | 1 |
| | | | | |

| Form 990 |)-EZ (20 | 013) | | | | | | F | age 4 |
|-----------|----------|---|---------------------------------------|--|--------------------------------------|-------------|------------------------|----------|---------|
| 48- | Did # | no organization ongogo, directly or in | directly in political a | rampaian activition | on bobolf of or i | | াত কৰিছ | Yes | No |
| 46 | to car | ne organization engage, directly or in adidates for public office? If "Yes," c | omplete Schedule C | ampaign activities (, Part I | , | n opposii | tion 33 | 11,500 | 1 |
| Part \ | | Section 501(c)(3) organizations | | | | · | 1 | <u></u> | _ • |
| | | All section 501(c)(3) organizations | s must answer que | stions 47-49b an | d 52, and com | plete th | e tables f | or lin | es |
| | | 50 and 51. | | | Abia Dad VII | | | | _ |
| | ' | Check if the organization used Sch | ledule O to respond | to any question in | this Part VI | • • • | • • • • | Yes | No |
| | | ne organization engage in lobbying If "Yes," complete Schedule C, Part | ** | section 501(h) elec | tion in effect du | uring the | tax 47 | 163 | 1 |
| 48 | ls the | organization a school as described in | section 170(b)(1)(A)(i | i)? If "Yes," complet | e Schedule E | | . 48 | 1 | \ \ \ |
| | | ie organization make any transfers to | • | • | nization? | | . 49a | | 1 |
| | | s," was the related organization a se | | | | | . 49b | | |
| | | plete this table for the organization's byees) who each received more than | | | | | | | |
| | | | (b) Average | (c) Reportable | (d) Health b | enefits, | | | |
| | (a) | Name and title of each employee | hours per week devoted to position | compensation (Forms W-2/1099-MIS | contributions to benefit plans, a | | (e) Estimate other con | | |
| | | | | (1 011110 11 12 1000 11110 | compens | ation | | | ···· |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| т 51 | | number of other employees paid over plete this table for the organization! | | ensated independe | nt contractors | who each | n received | more | thor |
| 31 | | ,000 of compensation from the orga | | | in contractors | WIIO Eaci | i received | illore | - urair |
| | (a) | Name and business address of each independ | ent contractor | (b) Type of s | ervice | (c |) Compensat | ion | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| | | | | - | | | | | |
| | | | | | | | | - | |
| | | | | | | <u> </u> | | _ | |
| | | number of other independent contra | • | • | . ► one and 4947(a) | (4) | <u> </u> | | |
| 52 | | ne organization complete Schedule A xempt charitable trusts must attach a | | | ons and 4947(a) | | ► ✓ Yes | s 🗆 | No |
| | | of perjury, I declare that I have examined this r | | | | | nowledge an | d belief | , ıt ıs |
| true, cor | rect, an | d complete Declaration of preparer (other than | officer) is based on all info | ormation of which prepar | er has any knowled | ge. | 1 | -/ | |
| Sign | | Signature of officer | ··-··· | | Date | 11/3 | 1201 | 4_ | |
| Here | | D. James Lawrie, Treasurer | | | Date | | | | |
| | | Type or print name and title | | ···································· | | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | | Date | Check |] _{if} PTIN | | |
| Drop | ~~~ | İ | | | | self-emplo | oyed | | |

Preparer Use Only

Firm's name

Firm's address

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

| Dartn | nouth (| College Class | of 1968 | | | | | | | 02050 | 01113 | | |
|-------|-------------|------------------------------|--|---|---------------------|------------------------------|------------------------------|------------|--------------|----------------------------|----------------|-------------|------|
| Par | | | | rity Status (All orga | | | | | | nstructio | ns. | | _ |
| The o | | | | ition because it is: (Fo | | | | | | | | | |
| 1 | | | | hes, or association of | | | ed in sec | tion 170(| b)(1)(A)(ī |). | | | |
| 2 | | | | 170(b)(1)(A)(ii). (Attac | | | | | | | | | |
| 3 | | hospital or a | cooperative hos | spital service organiza | ation desc | cribed in s | section 1 | 70(b)(1)(| A)(iii). | | | | |
| 4 | ho | ospital's nam | e, city, and state | | | | | | | | | | |
| 5 | | | on operated for the complete of the complete o | the benefit of a colle- plete Part II.) | ge or uni | versity ov | wned or | operated | by a go | vernment | al unit d | escribed | in |
| 6 | □ A | federal, state | e, or local govern | nment or government | al unit de | scribed in | section | 170(b)(1 |)(A)(v). | | | | |
| 7 | ☐ Ar | n organizatio | n that normally | receives a substantia (A)(vi). (Complete Par | l part of | | | | | it or fron | n the ger | neral put | olic |
| 8 | \square A | community t | trust described in | n section 170(b)(1)(A) |)(vi). (Cor | mplete Pa | rt II.) | | | | | | |
| 9 | | | | receives: (1) more that | | | | m contri | butions. | members | hip fees. | and are | oss |
| | re | ceipts from | activities related | to its exempt funct | ions—su | bject to d | certain ex | ceptions | , and (2) | no more | than 33 | 81/3% of | ıts |
| | | | | nt income and unrel | | | | | | n 511 ta | x) from | busines | ses |
| | ac | equired by the | e organization a | fter June 30, 1975. Se | e sectio | n 509(a)(| 2). (Com _l | olete Part | : 111.) | | | | |
| 10 | | | | operated exclusively | | | | | | | | | |
| 11 | ∐ Ar | n organizatio | on organized ar | nd operated exclusive | ely for th | ne benefit | t of, to p | perform t | he funct | ions of, | or to ca | rry out | the |
| | pı 50 | urposes of o | ne or more pub | olicly supported organ | nizations | described | d in sect | ion 509(a |)(1) or se | ection 50 | 9(a)(2). S | ee sect | ion |
| | | | | describes the type of | | | | | | - | | | |
| | | ☐ Type I | b 🗌 Type | | | | | | | lon-funct | | | |
| е | st | y cnecking ti | nis box, i certify | that the organization ers and other than one | is not co | ntrolled d | irectly or | indirecti | y by one | or more | disqualifi | ed perso | ons |
| | | section 509 | | ers and other than one | e or more | e publicly | support | ed organi | zations c | jescribed | in sectio | on 509(a |)(T) |
| f | | | | a written determination | an from | the IDS t | that it ic | a Type | I Tyroo i | l or Two | o III sus | nortina | |
| • | | | check this box | | | | | | , rype : | | · · · | porting | |
| g | | ince August Illowing pers | | he organization accep | pted any | gift or co | ontributio | n from a | ny of the | • | | | _ |
| | (i) | | | ndirectly controls, eith | | | | | describe | d in (ii) ar | nd | Yes 1 | No |
| | | (iii) below, | the governing be | ody of the supported | organizat | tion? | | | | | 11g(i) | | _ |
| | (ii |) A family m | ember of a person | on described in (i) abo | ve? | | | | | | 11g(ii) | | |
| | | | | a person described in | | | | | | | 11g(iii) | | |
| h | Pı | rovide the fo | llowing informati | ion about the support | ed organ | izatıon(s). | | | | | | | |
| (i) | | of supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | | organization sted in your | | ou notify | | | (vii) Amou | | tary |
| | Organ | nization | | above or IRC section | | document? | col. (ī) | of your | (i) organi | tion in col. zed in the | Su | pport | |
| | | | | (see instructions)) | V-2 | l N- | | port? | L | S.? | | | |
| | | | <u>-</u> | | Yes | No | Yes | No | Yes | No | - | | |
| (A) | | | | | | | | | | | | | |
| (B) | | · · -· | | | | | | | | | | - | |
| | | | | | | | | | | | | | |
| (C) | | | - | | | | | <u> </u> | | | | | |
| (D) | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | - | |
| Tota | I | | | | | | | | | | | | |

Part II

| | (Complete only if you checked the Part III. If the organization fails to | | | | | | alify under |
|-------|---|-----------------------------------|---------------------------------|-------------------------------------|------------------------------------|---|---------------------------------------|
| Secti | on A. Public Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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. | , | | | | | |
| Secti | on B. Total Support | | • | * | • | <u> </u> | <u> </u> |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | ne organization | n's first, secon | id, third, fourth | n, or fifth tax y | ear as a section | on 501(c)(3) |
| | organization, check this box and stop her | re | <u> </u> | <u> </u> | · · · · · | | 🕨 🗀 |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 14 | Public support percentage for 2013 (line 6 | | | | | 14 | <u>%</u> |
| 15 | Public support percentage from 2012 Sch | nedule A, Part | II, line 14 . | | | 15 | <u>%</u> |
| 16a | 331/x% support test—2013. If the organization gual | | | | | | |
| _ | box and stop here. The organization qual | - | | - | | | · · · · · · · · · · · · · · · · · · · |
| | 331/a% support test—2012. If the organicheck this box and stop here. The organi | ization qualifie | s as a publicly | supported org | ganization . | | ▶ □ |
| 17a | 10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "forganization | ets the "facts- acts-and-circu | and-circumsta umstances" te | inces" test, che st. The organiz | eck this box a ation qualifies | nd stop here. I as a publicly s | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m | tion meets the leets the "fact | e "facts-and-c s-and-circums | ircumstances" tances" test. 7 | test, check to The organization | his box and ston qualifies as | top here. a publicly |
| 18 | supported organization | d not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | k this box and | see |

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

| 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 or if the organization failed to qualify under Part II. |
| | If the organization fails to qualify under the tests listed below, please complete Part II.) |

| Secti | on A. Public Support | <u> </u> | oto notou bon | J., p. J. J. | | | |
|------------|---|---|------------------|--|-----------------|----------------|--|
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2003 | (6) 2010 | (0) 2011 | (4) 2012 | (6) 2013 | (i) iotai |
| • | received. (Do not include any "unusual grants.") | | Į. | | | | |
| 2 | Gross receipts from admissions, merchandise | | <u> </u> | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose | | | | | | |
| | 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 | | | 1 | | | 1 |
| | organization without charge | | | | } | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | - | | | | | |
| | received from disqualified persons . | | | | | 1 | |
| ь | Amounts included on lines 2 and 3 | •- | | | | | <u> </u> |
| U | received from other than disqualified | | | | | | · I |
| | persons that exceed the greater of \$5,000 | | | İ | | | |
| | or 1% of the amount on line 13 for the year | | | | 1 | | |
| c | Add lines 7a and 7b | | | | 1 | | |
| 8 | Public support (Subtract line 7c from | | | | | | † |
| | line 6.) | | 1 | | | | |
| Secti | on B. Total Support | | 1 | <u> </u> | | | • |
| | dar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 | | | | <u> </u> | ļ | <u> </u> |
| 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 | | 1 | | | 1 | |
| | (Explain in Part IV.) | | ↓ | | <u> </u> | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | 1 22 2 2 2 2 2 | ion 501/5\/2\ |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| 04 | organization, check this box and stop he | | | | <u> </u> | • • • • | · · · P [_ |
| | ion C. Computation of Public Suppor | | | 12 | | 45 | |
| 15 | Public support percentage for 2013 (line | | | | | 15 | <u>%</u> % |
| 16 Seet | Public support percentage from 2012 Sci ion D. Computation of Investment In | | | • • • • • | <u> </u> | 10 | 70 |
| | Investment income percentage for 2013 (| | | v line 12 colu | mn (fl) | 17 | % |
| 17 | Investment income percentage for 2013 (Investment income percentage from 2012) | | | | | 18 | <u>%</u> |
| 18 | 331/3% support tests—2013. If the organ | | | | | | |
| 19a | 17 is not more than 331/3%, check this box | and stop here | . The organizati | ion qualifies as | a publicly sunn | orted organiza | ation . $ ightharpoonup$ |
| L | 331a% support tests—2012. If the organiz | | | | | | |
| Ь | line 18 is not more than 331/2%, check this | | | | | | |
| 20 | Private foundation. If the organization di | _ | _ | | | | |

| Schedule A (F | Form 990 or 990-EZ) 2013 | Page 4 |
|---------------|---|--------|
| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12. Also complete this part for any additional information. (See instructions). | and |
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SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Part I

Dartmouth College Class of 1968

Employer identification number

020501113

| | | | 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? | 1 | | 1 |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | | 1 |
| 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 Part II | 3 | | ✓ |
| 4 | Dartmouth College Class of 1968 is an alumni group and a subordinate organization of Trustees of Dartmouth College (EIN 020022211). As part of a group exemption with the Trustees of Dartmouth College (Group Filing Number 8204) Dartmouth College Class of 1968 is recognized as exempt as a school under IRC 509(a)(1) and 170(b)(1)(A)(ii). Dartmouth College Class of 1968 is an alumni club that supports the Trustees of Dartmouth College through various activities. Does the organization maintain the following? | | | |
| a b | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a 4b | | 1 |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | | 1 |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | | 1 |
| 5 a | Does the organization discriminate by race in any way with respect to: Students' rights or privileges? | 5a | | / |
| b | Admissions policies? | 5b | <u> </u> | 1 |
| С | Employment of faculty or administrative staff? | 5c | | 1 |
| d | Scholarships or other financial assistance? | 5d | <u> </u> | 1 |
| e | Educational policies? | 5e | ļ | 1 |
| f | Use of facilities? | <u>5f</u> | ļ | 1 |
| g | Athletic programs? | 5g | - | ✓ |
| h | Other extracumcular activities? | 5h | | 1 |
| | | | | |
| 6a | Does the organization receive any financial aid or assistance from a governmental agency? | 6a | | 1 |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | 1 |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Part II. 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 Part II | 7 | | |

| schedule E (| (Form 990 or 990-EZ) (2013) | Page 2 |
|--------------|--|---------|
| Part II | Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions). | |
| Schedule I | E, Part I, Line 7 | |
| See respo | nse to Part I, #3 above | |
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SCHEDULE O (Form 990 or 990-EZ)

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.

20**13**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization | Linproyer Residing additioning | 7 |
|---|---------------------------------|----------|
| Dartmouth College Class of 1968 | 020501113 | |
| 990-EZ Part I Line 10 Donations to Class of 1968 50th Reunion Project transmitted to Dartmout | h College, Athletic Sponsorship | \$10,875 |
| 990-EZ Part I Line 16 Bank Charges, Misc Reunion Exp, Memorial Book Fund, Conf. Calls | | \$1,869 |
| 990-EZ Part I Line 20 Unrealized gain/(loss) on investments | | \$8,660 |
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