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EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Ar	or the	2015 calendar year, or tax year beginning APR 1, 2015 and	ending N	1AR 31, 2016					
Вс	heck if	C ⁵ Name of organization		D Employer identific	ation number				
aţ	oplicable	PHI DELTA ALPHA FRATERNITY							
	Addres	59							
$\overline{}$	Name change			1 02-0	171967				
\vdash	[Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
\vdash	_lreturn ∏Fınal	i	NOOIII/SUILE		753-6078				
L	return/ termin								
	ated Ameno	G Gross receipts \$	<u>285,614.</u>						
⊨	_lreturn	HANOVER, NR 03/33		H(a) Is this a group re					
L_	Application F Name and address of principal officer JULIO RESENDIZ for subordinates? Yes X No								
	pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No								
17	I Tax-exempt status 501(c)(3)X501(c)(7) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)								
J۷	Vebsit	e: > PHIDELTAALPHA.BLOGSPOT.COM		H(c) Group exemption	number 🕨				
		organization: X Corporation	L Year	of formation: 1960 M	State of legal domicile: NH				
	rt I	Summary							
		Briefly describe the organization's mission or most significant activities COLL	EGE ST	UDENT FRATE	RNTTY				
ည	•								
ZUI® Activities & Governance	2	Check this box If the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	eats				
Ver		Number of voting members of the governing body (Part VI, line 1a)	sca or mor	3	8				
ၓ				- 1	8				
∞		Number of independent voting members of the governing body (Part VI, line 1b)		4					
ţį		Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0				
ø∑l		Total number of volunteers (estimate if necessary)		6	0				
Ac C	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
1			<u> </u>	Prior Year	Current Year				
e 💆	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.				
کڙا	9	Program service revenue (Part VIII, line 2g)		325,569.	283,865.				
Zě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	L_	0.	0.				
ا "م	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		95.	1,749.				
띭	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		325,664.	285,614.				
5	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
3		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
9		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.				
Expenses CANNED NOV 2		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
per.	i	Total fundraising expenses (Part IX, column (D), line 25)	0.						
Ж		Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e)	<u> </u>	308,036.	264,874.				
		Total expenses Add lines 13-17 (must equal Partil Ecolumn (A), line 25)	<u> </u>	308,036.	264,874.				
			<u> </u> -	17,628.	20,740.				
- S	19	Revenue less expenses Subtract line 18 from line 12							
l Assets or d Balances		Total assets (Part X, line 16)	<u> B</u>	eginning of Current Year	End of Year				
SSe	20		 - -	517,224.	520,717.				
Net A	21	Total liabilities (Part X, line 26)	 	17,247.	0.				
	22	Net assets or fund balances Subtract line 21 from line 20		499,977.	520,717.				
		Signature block							
		ilties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare						
		W ///w/		11/14/201	<u> </u>				
Sign	1	Signature of officer		Date					
Her	е	JULIO RESENDIZ, TREASURER							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		CHRISTOPHER C. BARRETT, CCHRISTOPHER C.	BARRE	$11/07/16 ^{''}$ self-employa	d №0013662 <u>6</u>				
Prep	arer	Firm's name TYLER SIMMS & ST SAUVEUR CPA PC		Firm's EIN	02-0476956				
•	Only	Firm's address 19 MORGAN DRIVE							
	LEBANON, NH 03766 Phone no.603-653-0044								
Max	tho	RS discuss this return with the preparer shown above? (see instructions)		1 Hone ho. O O	X Yes No				
ivid	uie ii	LIA For Designation A.A.N. Alexander Structures			1 Form 990 (2015)				

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	1 990 (2015) DARTMOUTH COLLEGE	02-03	L71967 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission. COLLEGE STUDENT FRATERNITY		
	CODDEGE DIODERI TRAIBRATTI		
2	Did the organization undertake any significant program services during the year which were not liste	d on	
	the prior Form 990 or 990-EZ?		Yes X No
2	If "Yes," describe these new services on Schedule O		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O	n services?	LTes LA_NO
4	Describe the organization's program service accomplishments for each of its three largest program service.	services, as measured	by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat		
	revenue, if any, for each program service reported		
4a	, () (Revenue \$	<u>211,951.</u>)
	STUDENT HOUSING		
			
		-	***
			
4b	(Code) (Expenses \$ 68 , 517 . including grants of \$) (Revenue \$	73,663.)
	STUDENT SOCIAL & CIVIC ACTIVITIES		
		 ,	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		-	
			 _
4d	Other program services (Describe in Schedule O.)		
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 264,874.		
E005			Form 990 (2015)
53200 12-16			

<u>Form</u>	990 (2015) DARTMOUTH COLLEGE 02-0	<u> 171967</u>	P	<u>age 3</u>
Pai	t 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)?			
	If "Yes," complete Schedule A	1_1_		X
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 fo	r 🗀		
	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 e	ffect		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	or		
	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	,		1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, P	art I 6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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, perman	ent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 L),		
	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 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	-	X
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	ļ	X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	1	X

Schedule D, Parts XI and XII b 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

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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Х

X

X

X

X

12b

13

14a

14b

15

16

17

18

Form	990 (2015) DARTMOUTH COLLEGE 02	<u>2-0171967</u>	Pa	age 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cur			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as			
248		I		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			Х
	Schedule K. If "No", go to line 25a	24a		- 22
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Н	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple			
	Schedule L, Part I	25b	-	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes)S, "		
	complete Schedule L, Part II	26_	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial]
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family memb	er		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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	<u> </u>	X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	art IV 28b	ļ	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	n		
	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	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	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		1	
5	Part V, line 1	34		Х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled er		 	† <u></u>
Ü	·	35b		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.		1	† -
36		36		
	If "Yes," complete Schedule R, Part V, line 2	30	1	\vdash
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		$\perp \Delta$

Form 990 (2015)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015) DARTMOUTH COLLEGE

Part V Statements Regarding Other IRS Filings and Tax Compliance

02-0171967

Page 5

Check if Schedule O contains a response or note to any line in this Part V		
	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	100	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
(gambling) winnings to prize winners?	.	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	+	
filed for the calendar year ending with or within the year covered by this return 2a 0		
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)		1
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		x
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		1
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 in a foreign country (such as a bank account, securities account, or other financial account)?	.	х
b If "Yes," enter the name of the foreign country		1
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	.	x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	\neg	1
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>	
any contributions that were not tax deductible as charitable contributions?	.	x
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	+	
were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).	<u> </u>	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	.	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	\neg	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		
to file Form 8282?	.	
d If "Yes," indicate the number of Forms 8282 filed during the year	1	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	,	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1
sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	.	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9th	1	
10 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 0.		
11 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		1
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?	a	
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?	а	
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		1
organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		1
14a Did the organization receive any payments for indoor tanning services during the tax year?	а	Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
	000	(2015)

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DARTMOUTH COLLEGE 02-0171967 Form 990 (2015) 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 or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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. 8 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > ___ PHI DELTA ALPHA FRATERNITY - 909-753-6078 HB <u>5217</u>, HANOVER, <u>NH</u> 03755

2934 1

Form 990 (2015)

DARTMOUTH COLLEGE

02-0171967

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

Check if Schedule Q contains a response or note to any line in this Part VII

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

Check this box if neither the organi		orga I	anıza			npei	nsat	1		(F)	
(A)	(B))) Pos) ition	,		(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated	
	hours per week				person is both an a director/trustee)			compensation from	compensation from related	amount of	
	(list any						Ĺ	the	organizations	other compensation	
	hours for	direc				_		organization	(W-2/1099-MISC)	from the	
	related	98 07	stee			ısate		(W-2/1099-MISC)	(,	organization	
	organizations	Individual trustee or director	Institutional trustee		, e	e e				and related	
	below	len pu	totto	e.	Key employee	esto	 <u>=</u>			organizations	
	line)	ğ	Inst	Officer	Ş.	Highest compensated employee	Former				
(1) ANDREW SHEA	14.00										
SOCIAL CHAIRMAN				Х				0.	0.	0.	
(2) KEVIN ZHANG	14.00		١.	j							
VICE PRESIDENT			<u> </u>	X				0.	0.	0.	
(3) NICHOLAS PRUTHI	14.00]			1						
SOCIAL CHAIRMAN				X				0.	0.	0.	
(4) MICKEY ALPERIN	14.00										
HOUSE MANAGER				X				0.	0.	0 .	
(5) CHRISTOPHER BOONE	14.00										
HOUSE MANAGER			<u> </u>	X		ļ		0.	0.	0	
(6) JULIAN MCINTYRE	14.00	1							_	_	
PRESIDENT		1		X		ļ		0.	0.	0.	
(7) JULIO RESENDIZ	14.00	4					ĺ		_	_	
TREASURER		_		X		1		0.	0.	0.	
(8) JAMES THOMPSON	14.00	4						_	_	_	
SECRETARY		_		X	<u> </u>	ļ		0.	0.	0	
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Form 990 (2015)

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Form 990 (2015)

DARTMOUTH COLLEGE

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Em	ploye	es (continued)				
	(A)	(B)	(C) (D		(D)					(F)					
	Name and title	Average	(do		Pos		than	one	Reportable		Reportable		Est	imate	d
		hours per	box	, unle	ss pe	rson	is bot x/trus	h an	compensation	าก	compensation	1		ount o	of
	•	week (list any	\vdash	<u> </u>	1	1	1	1	from		from related			tion	
		hours for	Individual trustee or director				_		the organization	1	organizations (W-2/1099-MIS			ensat	
		related	10 93	ste			Highest compensated employee		(W-2/1099-MISC)		(11 2) 1033 111101	"		nızatı	
		organizations	trust	Institutional trustee		a se	ompe		,	,			-	relate	
		below	Mdual	tetio	, 35	Key employee	loyee	je l					orga	nızatıc	ons
		line)	를	In the	Officer	Ř	품를	Former							
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45	<u> </u>	<u> </u>		J				<u> </u>		0.	_	0.			_
	Sub-total	MIL Continue A								0.		0.			0.
	Total from continuation sheets to Part	VII, Section A								0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to the			od a	bov	a) w	20.5	occured more than		000 of reportable				
_	compensation from the organization	not inflited to ti	1030	, iiat	su a	DOV.	<i>C)</i> **1	10 1	eceived more trial	Ψισο	,,000 of reportable				0
	Compensation from the organization				,								Т	Yes	No
3	Did the organization list any former office	or director or th	ieta	م ادم	.ν. Δι	mnle	\\\ <u>\</u>	or	highest compans	ated e	mnlovee on	ſ			
Ū	line 1a? If "Yes," complete Schedule J for			C, KC	, y C1	пріс	Jycc	, 0.	riigi iost compens	alca c	inployee on		3	ł	Х
4	For any individual listed on line 1a, is the			omn	ens:	atıor	າລກທ	d of	her compensation	from	the organization	ŀ		-	
•	and related organizations greater than \$1	•		-							the organization		4	}	Х
5	Did any person listed on line 1a receive o										idual for services	ŀ			
•	rendered to the organization? If "Yes," co	•				-		Ciai	ca organization o	illaiv	Iddal for Scrvices		5		Х
Sec	tion B. Independent Contractors	impiete ochedu		0, 3	u o i i	pere	3011	_			<u>-</u>				
1	Complete this table for your five highest of	compensated in	den	ende	ent o	cont	racto	ors t	that received more	e than	\$100,000 of com	ens:	ation fr	om	
-	the organization Report compensation for		-												
	(A)								3	(B)			(C	.)	
	Name and busines	ss address	N	ON	E				Descripti		services	С	omper		n
															
								7							
	: 														
									. <u>.</u>						
											İ				
															-
2	Total number of independent contractors	(including but r	not li	mıte	d to	tho	se li	stec	f above) who rece	ived n	nore than				
	\$100,000 of compensation from the orga	nization 🕨					0								
													Form 9	3 90 (2	2015)

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			<u>amo a 100poso</u>	or note to any min	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections512 - 514
ts st	1 a	Federated campaigns	1a					
e ä	b	Membership dues	1b					
S, M	С	Fundraising events	1c					
a it	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e					
P S	f	All other contributions, gifts, gran	ts, and			ĺ		
		similar amounts not included abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 8	<u>h</u>	Total. Add lines 1a-1f		.				
1			_	Business Code	242 222	010 000		
ဥ		STUDENT HOUSING		721310	210,202.	210,202.		
e č	b	STUDENT SOCIAL	AND CIV	900099	73,663.	73,663.		<u> </u>
Program Service Revenue	С							
Re	d							
Š	е			-				
-		All other program service reve	enue		202 065			
$\overline{}$		Total. Add lines 2a-2f		P	283,865.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		_				
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	() Pool	(v) Paragral				
	e -	Gross rents	(i) Real	(II) Personal				
	6 a			 				
ļ	b			 				
	c	Net rental income or (loss)	<u> </u>					
		Gross amount from sales of	(i) Securities	(II) Other				
	/ a	assets other than inventory	(I) Securities	(ii) Other				
	h	Less cost or other basis						
	D	and sales expenses		1				
	_	Gain or (loss)						
	q			<u> </u>				
		Gross income from fundraisin	a events (not					
une	U a	including \$	of	1				
Other Reven		contributions reported on line	·	[
Ä.		Part IV, line 18	а а					
the	h	Less direct expenses	b					
Ó		Net income or (loss) from fund		•				
		Gross income from gaming as	•					
		Part IV, line 19	а					
	b	Less direct expenses	b					
		Net income or (loss) from gan		•				
		Gross sales of inventory, less	-					
		and allowances	а			}		1
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	•				<u> </u>
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS F		900099	1,749.	1,749.		
	b							
	С						-	
	d	All other revenue						
	е	Total. Add lines 11a-11d			1,749.			
	12	Total revenue See instructions		>	285,614.	285,614.	0	
53200	9 12-16	6- 15						Form 990 (2015)

02-0171967 Page 10

Form 990 (2015) DARTMOUTH COLLEGE
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	·
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	İ			
	individuals 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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,870.	1,870.		
C	Accounting	1,350.	1,350.		
d	Lobbying				
е	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 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	127,488.	127,488.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		222		
20	Interest	278.	278.		
21	Payments to affiliates	00 101	00 101		
22	Depreciation, depletion, and amortization	20,401.	20,401.		
23	Insurance				
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	HOHAD DIBIOMEONA	47,664.	47,664.		
b	REPAIRS AND MAINTENANCE	21,272.	21,272.		
c	SOCIAL EXPENSE	20,851.	20,851.		
d	EQUIPMENT AND SUPPLIES	9,286.	9,286.		
е	A.Wt	14,414.	14,414.		
25	Total functional expenses Add lines 1 through 24e	264,874.	264,874.	0.	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)	1			

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DARTMOUTH COLLEGE

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 23,433. 19,037. 1 Cash - non-interest-bearing 1 20,292 5. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 717,089. 235,701. basis Complete Part VI of Schedule D 10a 493,786. 481,388. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 517,224. 520,717. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 17,247. 23 0. 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 17,247. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 499,977. 520,717. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 499,977. 520,717. 33 33 Total net assets or fund balances 520,717. 517,224. Total liabilities and net assets/fund balances

Form 990 (2015)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2015)

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Inspection

Name of the organization

PHI DELTA ALPHA FRATERNITY

Employer identification number

DARTMOUTH COLLEGE 02-0171967 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

532051 11-02-15

(ii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

PHI DELTA ALPHA FRATERNITY

	chedule D (Form 990) 2015 DARTMOUTH COLLEGE 02-0171967 Page 2										
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following that	t are a s	ignifica	int use of its	collection	items	i
	(check all that apply)		_								
а	Public exhibition	c	, <u> </u>	Loan or exc	hange progra	ıms					
b	Scholarly research	e	• 🔲	Other							
С	Preservation for future generations										
4											
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er sımıla	r asset	s _	_	_	
	to be sold to raise funds rather than to be m							<u>L</u>	Yes	ليا	No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	includ	ed			
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table							
	, ,	•	J						Amount		
С	Beginning balance						10	c			
	Additions during the year						10	d			
е	Distributions during the year						10	e			
f	Ending balance						1	f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabi	lity?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	on has been	provided on	Part XII					l
Pai	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10				
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Thr	ee years back	(e) Four	years t	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance					-					
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıste	red for t	the orga	anızatıon			
	by									Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, <u>Pa</u> rt I\	V, line 11a S	See Form 990), Part X	, line 10	<u> </u>			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumu	lated	(d) Book	value)
		basis (investi		basis	(other)	de	preciat	ion			
1a	Land				800.					8 (00.
	Buildings			67	2,143.		201	021.	471		22.
	Leasehold improvements										
	Equipment			4	4,146.	_	34	680.	9	, 46	56.
	Other										
	, Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X, colur	nn (B), line 1	10c)				481	1,38	38.

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Schedule D (Form 990) 2015	DARTMOUTH	COLLEG

Schedule D (Form 990) 2015 DARTMOUTH C	COLLEGE		02-0171967 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Boot IV. In	on 11h Son Form 000 Bart V line	. 10
(a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives	(1)	(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation Co	ost or end-of-year market value
(1)			
(2)			
(3)			
	,		
(5)			
(6)			, .
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 900 Part IV Jun	on 11d Son Form 990 Part V line	16
	Description	ie i id Gee i omi 930, i ait X, iiie	(b) Book value
(1)			(5) 23311333
(2)			
(3)		-	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial sta	tements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

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DARTMOUTH	しいしししばい

	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
_	Total revenue, gains, and other support per audited financial statements	12 a	1	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12		 	
2 a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) Add lines 4a and 4b			
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	1	5	
	rt XIII Supplemental Information.	<u> </u>		
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information		

532054 09-21-15

Schedule D (Form 990) 2015

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.

Open to Public Inspection

Name of the organization

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

Employer identification number

DARTMOUTH COLLEGE	02-0171967
FORM 990, PART VI, SECTION B, LINE 11:	
A COPY OF FORM 990 WILL BE PROVIDED BY THE TREASURER TO	EACH MEMBER OF THE
GOVERNING BODY. HE WILL SEND TO EACH MEMBER ELECTRONICAL	LY AND ALSO PROVIDE
A PRINTED COPY DURING AN EXECUTIVE COUNCIL MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS GOVERNING DOCUMENTS AND FEDERAL FORM 9	90 ARE AVAILABLE
FOR PUBLIC INSPECTION IN THE GREEK LETTER ORGANIZATIONS	AND SOCIETIES
(GLOS) OFFICE AT DARTMOUTH COLLEGE. ADDITIONALLY, MEMBER	S OF THE PUBLIC MAY
VIEW GOVERNING DOCUMENTS UPON REQUEST, TO THE ORGANIZATI	ON. REQUESTED
DOCUMENTS WILL THEN BE PROVIDED IN A PRINTED OR ELECTRON	IC FORMAT PER
REQUEST.	