

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



<sub>5....</sub> 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 2015

Open to Public

Inspection

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-EZ and its instructions in at www.irs.cov/form990. A For the 2015 calendar year, or tax year beginning July 1 , 2015, and ending . 20 C Name of organization B Check if applicable: D Employer Identification number Address change Dartmouth Class of 1976 04-3391559 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/sulte E Telephone number Initial return 6068 Blunt Alumni Center 103 503-352-9162 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended estring Number **>** Application pending Hanover, NH 03755 ✓ Cash Accrual Other (specify) ▶ G Accounting Method: H Check ▶ ☑ if the organization is not I Website: ▶ 1976.dartmouth.org required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) 501(c) ( ◄ (insert no.) 
☐ 4947(a)(1) or **□527** (Form 990, 990-EZ, or 990-PF). K Form of organization: Corporation ☐ Trust ✓ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . Contributions, gifts, grants, and similar amounts received . . . . . . . 19181 2 Program service revenue including government fees and contracts. 2 3 Membership dues and assessments 3 4 3255 Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c Gaming and fundralsing events Gross income from gaming (attach Schedule G if greater than 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G If the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract **6**d Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b.from.line 7a). . . . 7c 8 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 22436 Grants and similar amounts paid (list in Schedule O)

Benefits paid to or for members

Salarles, other compensation, and employee benefits 10 10 500 11 11 12 12 Professional fees and other payments to independent contractors Coulon. 13 13 14 Occupancy, rent, utilities, and maintenance . . . . . L 14 Printing, publications, postage, and shipping . . . 15 15 7383 16 16 681 Total expenses. Add lines 10 through 16 . 17 17 8564 18 18 13872 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 177757 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 3138 Net assets or fund balances at end of year. Combine lines 18 through 20 194767

Cat. No. 108421



Form 990-EZ (2015)

SCANNED NOV 1 6 2016

For Paperwork Reduction Act Notice, see the separate instructions.

	•						
Form	990-EZ (2015)						Page 2
Pa	rtii <b>B</b> a	lance Sheets (see the instructions t	or Part II)				
	Ch	eck if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗅
					(A) Beginning of year		(B) End of year
22	Cash, sa	avings, and investments		<i></i> [	177757	22	194767
23	Land an	d buildings		<i></i> . [		23	
24	Other as	sets (describe in Schedule O)		[		24	
25		sets	· · · · · · ·	<b>.</b> [	177757	25	194767
26		bilities (describe in Schedule O)		, [		26	
27		ets or fund balances (line 27 of column			177757	27	194767
Par		atement of Program Service Accom	•	•			_
		eck if the organization used Schedule				/D~	Expenses guired for section
	_	anization's primary exempt purpose?		· · · · · · · · · · · · · · · · · · ·			(c)(3) and 501(c)(4)
as n	neasured b	rganization's program service accompli- by expenses. In a clear and concise mated, and other relevant information for ea	nanner, describe the	f its three largest p e services provided	rogram services, I, the number of		anizations; optional for ers.)
	***-	n and distribution of newsletters to 952 cla				_	T
			************	*			
	************		***************************************	*********************	,		
	(Grants \$	) If this amount	includes foreign gra	ints, check here	▶ 🗆	288	6016
29	Publication	n and delivery of Requests for Contribution	<b>ns</b>				-
				~			
			*****				
	(Grants \$		includes foreign gra	ints, check here .	<u></u> ▶ ⊔	29:	1367
30	Alumni Me	morial Book Fund	<del></del>		***************		
	(Grants \$	500) If this amount	includes foreign gra	nte check here		30a	
31		gram services (describe in Schedule O)			<del></del>	302	500
	(Grants \$		includes foreign gra			318	
32	Total pro	gram service expenses (add lines 28a l	through 31a)		🕨	32	
Par	t IV Lis	t of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	pensated-see the i	nstru	
	Ch	eck if the organization used Schedule	O to respond to a	ny question in this	Part IV		<i>.</i> 🗀
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount of other compensation
Andr	ew Getting	er, President					
	·		As Needed	c		0	
Step	hen Melikia	n, Vice-President					
-			As Needed	0	)	9	
Sara	Hunter, Sec	retary	An Almodad	l a			_
Doub	Windrath, 1	rescurar	As Needed	<u> </u>	<u>'</u>	9	
rau	William'	TOGOWI CI	As Needed	ا ا		0	
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			}				

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<del>-</del>	Ø
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No /
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)			
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)?	34		1
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		<b>✓</b>
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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			
ь 38а	Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37b		1
ь	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		1
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
ь 40а	Gross receipts, Included on line 9, for public use of club facilities			
<b>h</b>	section 4911 ► ; section 4912 ► ; section 4955 ►  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			, d. X
b	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	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		· ( T·	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40a		1
41	List the states with which a copy of this return is filed ▶			
42a	***************************************	503-35		2
b	Located at ► 6068 Blunt Alumni Center, Hanover, NH  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	03	755 Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	if "Yes," enter the name of the foreign country: ▶			,
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. 1	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	440	Yes	
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	448		<b>√</b>
c	Did the organization receive any payments for indoor tanning services during the year?	44b	_	1
d	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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	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		

			*		<del></del>	***************************************	Yes	No.
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behälf of o	r in oppositio	on		
0	to candidates for public office? If "Yes," (		Parti	• • • •	· · · ·	46	<u> </u>	_ ✓
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47–49b and	52 and co	mnlete the	tahlee f	or lin	ec
	50 and 51.			o <u>r,</u> as a oc	mpicto are	- 100103 1	O1 111 (	63
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
4							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par					1		١,
48	Is the organization a school as described i		No if "Vee " complete t			47	-	✓
49a	Did the organization make any transfers t					48 49a	<b>  '</b>	1
b	If "Yes," was the related organization a se					49b	<del>                                     </del>	<b>  *</b>
50	Complete this table for the organization's	s five highest compen	sated employees (oth	er than offi	cers, directo	ors, truste	es an	d ke
"······	employees) who each received more than	n \$100,000 of comper	nsation from the organ	V		, enter "N	lone.	•
	(a) Name and title of each employee	(b) Average	(c) Reportable		to employee	(e) Estimate	ad amo	unt of
	(a) regime and one or each employee	hours per week devoted to position	compensation (Forms W-2/1099-MiSC)	benefit plans,	and deferred	other con		
				Compe	100001			
,a		1						
							······	
		1						
							·	
f	Total number of other employees paid ov							
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compo anization. If there is no	ensated independent one, enter "None."	contractor	s who each	received	more	tha
	(a) Name and business address of each indepen-	dent contractor	(b) Type of serv	rice	(c) (	Compensat	ion	
		***************************************						
		·	<u> </u>					
	······································		1					

				<del></del>				
d Total	number of other independent of	contractors each receiving over \$1	QQ,QQQ <b>▶</b>					
52 Did	the organization complete Sobleted Schedule A	chedule A? Note: All section 5	01(c)(3) organizations m	ust attach a ▶ Yes □ No				
Under penalties true, correct, ar	of perjury, I declare that I have examine at complete. Declaration of preparer (oth	d this return, including accompanying sche er than officer) is based on all information o	dutes and statements; and to the f which preparer has any knowle	best of my knowledge and belief, it is dge.				
	Youl Windrach 10/25/16							
Sign	Signature of officer	Date	Date					
Here	Naul Windrath, Treasurer							
	Type or print name and title							
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check If PTIN self-employed				
Use Only	Firm's name ▶	Firm	i's EIN ▶					
	Firm's address ▶		Pho	ne no.				
May the IRS	discuss this return with the pre	parer shown above? See instructi	ons	· · · ▶ ☐ Yes ☐ No				

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4847(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to F

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

Name of the organization

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Dartmouth Class of 1976 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☑ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(bx) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331,8% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . g Provide the following information about the supported organization(s). (i) Name of supported organization (B) EIN (III) Type of organization (IV) is the organization (M) Amount of monetary (vf) Amount of (described on lines 1-10 fisted in your governing support (see other support (see document? above (see instructions)) instructions) Instructions) Yes No (A) **(B)** (C) (D) (E) Total

Part							
	(Complete only if you checked the						alify under
Coati	Part III. If the organization fails to on A. Public Support	quality unde	er the tests iis	itea below, p	lease comple	ne Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	40 Takal
1	Gifts, grants, contributions, and	(8) 2012	10) 2013	(6) 2014	(u) 2015	(8) 2016	(f) Total
•	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				l		
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						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						the state of the s
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 VI.)						
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						
	organization, check this box and stop he		<del></del>				<u> ▶ [</u>
	on C. Computation of Public Suppor					T 22 T	
14	Public support percentage for 2016 (line		-	- • •		14	<u> </u>
15 16a	Public support percentage from 2015 Sch 331/s% support test—2016. If the organi					15	chack this
.00	box and stop here. The organization qua						
b	331/2% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Ba, and line 15		
	10%-facts-and-circumstances test—2t 10% or more, and if the organization me Part VI how the organization meets the organization	ets the "facts facts-and-circ	-and-circumst :umstances" te	ances" test, clast. The organi	heck this box ization qualifie	and stop here s as a publicly	d line 14 is Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets the neets the "fac	e "facts-and- ts-and-circum	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di				a, or 17b. chec	k this box and	
	instructions				-		

Part III	Support :	Schedule for (	Organizations D	escribed in Section	509(a)(2)

(Complete only if you checked the box on line 10 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.)

	ii ule organization falls to quality	under the te	sals listed bei	ow, piedoe o	Jinpiete Fait	11.)	
	on A. Public Support	*					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees		1				
•	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				<b></b>		
3	Gross receipts from activities that are not an					ļ	
	unrelated trade or business under section 513	······································					
4	Tax revenues levied for the		İ				
	organization's benefit and either paid to or expended on its behalf						
_	•	<del></del>	ļ				
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		<del> </del>	<del>}</del>	<del> </del>		<u> </u>
0 7a			<del> </del>	<u> </u>			
	received from disqualified persons .				]		}
b	Amounts included on lines 2 and 3	·····				<del>                                     </del>	1
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				İ -	<u> </u>	
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				<b> </b>		
10a						ŀ	
	payments received on securities loans, rents, royalties and income from similar sources.		İ			ļ	
_	•	·		<del> </del>	<del> </del>	<del> </del>	
Þ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						1
c	Add lines 10a and 10b		<b></b>	<u> </u>	<del> </del>		
11	Net income from unrelated business		†		1		<u> </u>
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1	<del></del>			
	loss from the sale of capital assets				1		
	(Explain in Part VI.)		<u>i                                     </u>	<u></u>	1	<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u></u>		<u></u>	<u></u>	
14	First five years. If the Form 990 is for the				-		
	organization, check this box and stop her						· · · <b>&gt;</b> [
	on C. Computation of Public Suppor					<del></del>	· · · · · · · · · · · · · · · · · · ·
15	Public support percentage for 2016 (line 8						%
16 Sacti	Public support percentage from 2015 Sch			· · · · ·		16	9/
5ecu 17	on D. Computation of Investment Inc Investment income percentage for 2016 (I			ulion 12 activ	mn (A)	147	
18	Investment income percentage for 2016 (investment income percentage from 2015)						<u>%</u>
10 19a	331/s% support tests—2016. If the organi						y and line
138	17 is not more than 331/2%, check this box						
h	331/s% support tests—2015. If the organiz		_			•	
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di					_	_

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part.I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or Indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a				
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
<u>C</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u></u>
Secti	on B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		-	
•	Old the appropriately appropriate for the bonefit of any appropriate appropriate attention than the appropriate	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			:
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Santi	on C. Type II Supporting Organizations	2		<u> </u>
Secu	On C. Type it Supporting Organizations		Von	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		168	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			it in
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			<u></u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Γ
3	By reason of the relationship described in (2), did the organization's supported organizations have a			:
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	L	<u> </u>
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
8	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	tions).
_	Anti-Man Tank American followed the balance	1	W	T 542
2	Activities Test. Answer (a) and (b) below.		163	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2ъ		
3	Parent of Supported Organizations. Answer (a) and (b) below.	200		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this recard.	3b		

Schedule A (Form 990 or 990-EZ) :	2016	EΖ	990-E	or !	990	(Farm	Δ	dule	Sche
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Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional rt V Type III Non-Function Part V Type III Non	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organ	tru nizat	st on Nov. 20, 1970 (expions must complete Sec	ain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 8, and 7 from line 4).	8		
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	8		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2		empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	·		
6				
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	- "
	(provide details in Part VI). See instructions.	<u></u>		
9	Distributable amount for 2016 from Section C, line 6		······································	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
8	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	4		
_ <u>b</u>	From 2013			
d				
	From 2015			
1	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	and the other properties.	التستيمسعين بند وحميها وأأاد الثباي ببلاراه	
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
8	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See Instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u> _	Excess from 2013			
<u>b</u>				
<u> </u>	Excess from 2014			
<u>d</u>	Excess from 2015			
<u> </u>	Excess from 2016			

	Form 990 or 990-EZ) 2016
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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### SCHEDULE E (Form 990 or 990-EZ)

## **Schools**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Dartmouth Class of 1976

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer Identification number

04-3391559

			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?		Ė	
	programs, and scholarships?	2		✓
3	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		1
1	Does the organization maintain the following?			
8	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a		1
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		/
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c		/
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	1	ΙŤ
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		1
b	Admissions policies?	5b		1
С	Employment of faculty or administrative staff?	5c		1
d	Scholarships or other financial assistance?	5d		1
0	Educational policies?	5e		1
f	Use of facilities?	51		1
9	Athletic programs?	5g		1
h	Other extracurricular activities?	5h		1
o	Does the empiration reading one financial aid or evolutions from a governmental account	0-		
Ва	Does the organization receive any financial aid or assistance from a governmental agency?	6a	<del> </del>	<del>                                     </del>
ь	Has the organization's right to such aid ever been revoked or suspended?	6b	i	
	Has the organization's right to such aid ever been revoked or suspended?	6b		

SCHEGUIE E (F	4m 990 0 880 CZ 2010	Page 2
Part II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).	
******		
Part 1, Line	.7	
Rev Proc. 7	15-50 does not apply to Dartmouth Class of 1976 which is an alumni group only and does not have students.	
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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.

2016

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	Employer Identification number						
Dartmouth Class of 1976	04-3391559						
\$681 · Bank Fees							
\$500 - Gift to Baker-Berry Library in memory of deceased classmates							
AAAA - AUT IN PRINCE-DELLÀ FINING T IN HEMMIT AN REPORDER (1823/11882)							
\$3138 - change in value of investments unrelated to investment income (i.e. distributed interest/dividends)							
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