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Extended to March 15, 2017

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2015 calendar year, or tax year beginning **AUG 1, 2015** and ending **JUL 31, 2016**

B Check if applicable

C Name of organization **The Delphic Club**

D Employer identification number **04-2122207**

† Address change

† Name change

† Initial return

† Final return/terminated

† Amended return

† X Application pending

E Telephone number **(617) 248-4064**

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

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

I Website **www.thedelphicclub.com**

J Tax-exempt status (check only one) ☐ 501(c)(3) ☒ 501(c)(7) (insert no) ☐ 4947(a)(1) or ☐ 527

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. **\$ 157,011.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐ ☒ X

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	157,011.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue (Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8)	9	157,011.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	16,150.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	29,034.
	14	Occupancy, rent, utilities, and maintenance	14	25,251.
	15	Printing, publications, postage, and shipping	15	235.
	16	Other expenses (describe in Schedule O)	16	90,485.
	17	Total expenses (Add lines 10 through 16)	17	161,155.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<4,144.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,400.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	9,300.
	21	Net assets or fund balances at end of year (Combine lines 18 through 20)	21	8,556.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2015)

532171
12-02-15

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒ X

	Yes	No
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	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) ~~~~~	34	X
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)? ~~~~~	35a	X
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 ~~~~~	35b	N/A
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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ~~~~~ 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year? ~~~~~	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? ~~~~~	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved ~~~~~ 38b N/A	38b	N/A
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 ~~~~~	39a	0.
b Gross receipts, included on line 9, for public use of club facilities ~~~~~	39b	0.
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ~~~~~	40b	N/A
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 ~~~~~ N/A		N/A
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ~~~~~ N/A		N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T ~~~~~	40e	X
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of Choate Hall & Stewart LLP Telephone no 617-248-4045		
Located at Two International Place, Boston, MA ZIP + 4 02110		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~	42b	X
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)		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? ~~~~~	42c	X
If "Yes," enter the name of the foreign country ~~~~~		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ~~~~~ 43 N/A		N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ~~~~~		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ~~~~~	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ~~~~~	44b	X
c Did the organization receive any payments for indoor tanning services during the year? ~~~~~	44c	X
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~~~~~	45a	X
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	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes ☐ No ☐

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

Sign Here ☐ Daniel Israel del Valle *Daniel del Valle* Date 3/28/17
 Signature of officer

☐ Daniel del Valle, Treasurer
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Nicholas E. Porto	<i>Nicholas E. Porto</i>	03/10/17		P01310283
	Firm's name	BAKER NEWMAN & NOYES			Firm's EIN
	Firm's address	175 FEDERAL STREET, SUITE 970 BOSTON, MA 02110			Phone no. (617) 556-3900

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

Yes ☒ No ☐

Form 990-EZ (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.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

The Delphic Club

Employer identification number
04-2122207

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification:

Grantee Name: Delphic Trust

Grantee Address: Choate Hall & Stewart, PO Box 961019 Boston, MA 02196

Grantee Relationship: N/A

Date of Gift: 10/23/15

Amount Given: 16,150.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Food & Beverage	46,413.
Social Events	33,500.
Miscellaneous	6,265.
Transportation	3,587.
Bank Fees	720.
Total to Form 990-EZ, line 16	90,485.

Form 990-EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances:	Amount:
Reimbursement from Club Members	9,300.

Form 990-EZ, Part I, Line 8, Other Revenue:

Included in Other Income is a reimbursement to Delphic Club from the
Club's President and Treasurer. The reimbursement relates to funds

inappropriately spent by both individuals for disallowed personal use

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Form 990 or 990-EZ or to provide any additional information.
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items. The total reimbursement meets the definition of a significant diversion of assets, but is not subject to taxes under Section 4958, as the Club is exempt under Section 501(c)(7).

After discovering the diversion, the Club's leaders took immediate action and requested that the individuals reimburse the Club. In order to protect against future diversions, the Club now ensures members are educated on the proper use of Club funds.

Form 990-EZ, Part III, Primary Exempt Purpose - The Club is dedicated to educational, historical and social purposes. The Club provides an environment where persons of diverse age and experience may gather to exchange ideas and opinions; to preserve traditions of academic and professional excellence; and to establish and maintain facilities where students, faculty, and graduates of Harvard University who are members of the Club may gather for study, conversation, and entertainment.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

