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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

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

Open to Public

Interr	al Reve	nue Service Information about Form 990-EZ and its instructions is at www irs gov/forms	990.	Inspection	
A F	For the	2015 calendar year, or tax year beginning AUG 1, 2015 and ending JUI	31, 2	2016	
В	heck if	C Name of organization	D Employer identification number		
†		ess change		•	
Ť		change The Delphic Club	04-21	.22207	
÷	Initial		E Telephone r	number	
÷	Final	return/ Choate Hall & Stewart PO Box 961019	(617) 248-4064		
į.	Amer	Oty or town, state or province, country, and ZIP or foreign postal code	F Group Exem	nption	
įΧ	Analic	Boston, MA 02196	Number i	·	
G A	\ccour	ting Method † X Cash † Accrual Other (specify)	H Check †	X if the organization is	
1 1	∧ebsit	e www.thedelphicclub.com	not required	to attach Schedule B	
<u>J</u> 1	Tax-ex	empt status (check only one) $-$ † 501(c)(3)† $\frac{X}{501}$ 501(c) (7) $\frac{7}{501}$ (insert no)† 4947(a)(1) or† 527	(Form 990,	990-EZ, or 990-PF)	
KF	orm o	forganization \dagger Corporation \dagger Trust $\dagger^{ extbf{X}}$ Association \dagger Other			
L A	Add lin	es 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	١,		
	olumn	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	157,011.	
Pa	art L	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ctions for Part	l)	
	,	Check if the organization used Schedule Oto respond to any question in this Part I		<u>00000000 †X</u>	
	1	Contributions, gifts, grants, and similar amounts received ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~ 1		
	2	Program service revenue including government fees and contracts ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-~ 2	45-24-	
	3	Membership dues and assessments ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		157,011.	
	4		0 4		
	5a	Gross amount from sale of assets other than inventory~~~~~~~~ 5a			
	Ь	Less cost or other basis and sales expenses ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~ <u>5c</u>		
	6	Garning and fundraising events			
ē	a	Gross income from gaming (attach Schedule Gif greater than			
Revenue		\$15,000) 6a			
Ŗ	Ь	Gross income from fundraising events (not including \$ of contributions			
2017	ł	from fundraising events reported on line 1) (attach Schedule Gif the sum of such	1 1		
20	ł	gross income and contributions exceeds \$15,000) ~~~~~~~ 6b			
©	C	Less direct expenses from garning and fundraising events (add lines 6a and 6b and subtract line 6c) ~ ~ ~ ~ ~ ~ ~ ~ ~			
(E)	_d	Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract line 6c) ~~~~~~~~~~	~~ 60		
10 2		Gross sales of inventory, less returns and allowances 2 7a			
APR	l .	Less cost of goods sold AFR- 6 6-7017 Z			
_	٦	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	~ ~ 7c ~ ~ 8		
or Na Na	8	Cher revenue (describe in Schedule O)	~ 8	157,011.	
Z —	10	Crarte and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints and (list in Schodilde On a service and cimilar arrayints).	~ ~ 10	16,150.	
3	11	Benefits paid to or for members ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~ 10		
	12	Salanes, other compensation, and employee benefits	~ ~ 12		
SC Expenses	13	Professional fees and other payments to independent contractors		29,034.	
þer	14	Occupancy, rent, utilities, and maintenance	~ ~ 14	25,251.	
Д	15	Printing publications postage and shipping	~~ 15	235.	
	16	Other expenses (describe in Schedule O) ~~~~~~~~~~~~See_Schedule_O	~ ~ 16	90,485.	
	17	Total expenses Add lines 10 through 16 00000000000000000000000000000000000	1 17	161,155.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	~ ~ 18	<4,144.	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	"	,	
Ass	"	(must spree with end-of-year figure reported on prior year's return) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~	3,400.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) ~~~~ See_ Schedule_ O_	~~ 20	9,300.	
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20	1 21	8,556.	
		Panenumity Parlymining Act Notices see the separate instructions		Form 990-F7 (2015)	

532171 12-02-15

2015.05050 The Delphic Club

14377M01

Part II Balance Sheets (see the instructions for Part II Check if the organization used Schedule O to re	espond to any questic	on in this Part II		0000	<u> </u>
	SOPONO TO LONG AMOUNT	(A) Beginning of year			nd of year
22 Cash, savings, and investments~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3,400	• 22	T	8,55
23 Land and buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			23	3	
24 Other assets (describe in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			24		
25 Total assets ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		3,400	• 25	5	8,55
26 Total liabilities (describe in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ _	0	• 26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 2		3,400	• 27		8,55
Part III Statement of Program Service Accomplishm	ents (see the instruc	tions for Part III)		Б	penses
Check if the organization used Schedule O to re	espond to any questic	on in this Part III	$_{\dagger}\mathbf{x}_{_}$		for section
Check if the organization used Schedule O to re that is the organization's primary exempt purpose? See Schedule	0 1				and 501(c)(4 ons, optional
escribe the organization's program service accomplishments for each of its three largest program				others)	o, opo
anner, describe the services provided, the number of persons benefited, and other relevant inf	· -			<u> </u>	
$_{8}$ To cover expenses supporting The I	Delphic Club.			1 1	
				1 1	
				1 1	
(Grants \$ 16,150.) If this amount includes foreig	n grants. check here □ □ □		<u>t</u>	28a	<u>161,15</u>
9]]	
				1	
				1 1	
(Grants \$) If this amount includes foreig	n grants. check here 🗆 🗆 🗅		<u>t</u>	29a	
0				1 1	
					
(Grants \$) If this amount includes foreig			<u> </u>	30a	
1 Other program services (describe in Schedule O) ~~~~~~~~			_	1 1	
(Grants \$) If this amount includes foreig		•	<u> </u>	31a	161,1
				32 e instructions f	
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each one	even if not compensated -	see th	e instructions f	for Part IV)
	Employees (list each one espond to any questic	even if not compensated -	see th	e instructions f	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	Employees (list each one	e even if not compensated - on in this Part IV (C) Reportable compensation (Forms	(d) H	e instructions f	or Part IV)
Part IV List of Officers, Directors, Trustees, and Key	Employees (list each ond espond to any question (b) Average hours	even if not compensated - on in this Part IV (C) Reportable	(d) H con emp	e instructions f	(e) Estima
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title [ess Clay]	Employees (list each oncespond to any questic (b) Average hours per week devoted to position	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) H con emp	e instructions f	(e) Estima
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Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title Tess Clay President	Employees (list each oncespond to any questic (b) Average hours per week devoted to position	ce even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) H con emp	e instructions f	(e) Estima
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Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title Tess Clay President Ticholas Holmes Tice President Daniel del Valle	(b) Average hours per week devoted to position 10.00	ce even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) H con emp plans col	e instructions f	or Part IV) (e) Estima amount of compensa
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Form	990-FZ(2015) The Delphic Club 04-212	2207		Page
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	e	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s Part	<u>V_</u>	<u>†X</u>
			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	ł	}	١.
	activity in Schedule O	_33_	<u> </u>	2
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	}	ļ	١,
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O(see instructions)	_34_	 	2
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported		ļ	,
	on lines 2, 6a, and 7a, among others)?	35a	N/	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	35b	14/	-
С	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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	250	ľ	1
26		35c		H
30	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	ł	3
27.	Enter amount of political expenditures, direct or indirect, as described in the instructions ~~~~~ 37a 0		-	┝╌
	Did the organization file Form 1120-POL for this year?	37b	 	3
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/6		-
жa	In a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u> </u>	7
h	If "Yes," complete Schedule L, Part II and enter the total amount involved ~~~~~~~~ 38b N/A	1 300		-
39	Section 501(c)(7) organizations Enter	ヿ゙	ĺ	
	Initiation fees and capital contributions included on line 9 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	.	Ì	
	Gross receipts, included on line 9, for public use of club facilities ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	7		l
	section 4911 N/A , section 4912 N/A , section 4955 N/A)	
ь	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/	Α
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			Γ
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ~ ~ ~ ~ ~ ~ N/A	Ì	ł	Ì
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	}	1	Ì
	by the organization and a second a second and a second and a second and a second and a second an	1	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	$transaction?\ If\ "Yes,"\ complete\ Form\ 8886-T\qquad \\ \sim\ \\ \sim$	40e	<u>L</u>	[]
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 617-2			
	Located at Two International Place, Boston, MA ZP+4	0211	.0	_
þ	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		Yes	
	account)?	42b		Ľ
	If "Yes," enter the name of the foreign country	1	}	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		ļ	-,
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	42c	<u> </u>	
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			T
	and enter the amount of tax-exempt interest received or accrued during the tax year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	N/A		_
			<u>. </u>	
	0.415		Yes	₽
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			1
_		44a	 	۲
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	┼	
ç	Did the organization receive any payments for indoor tanning services during the year? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	44c	┼	۲
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	A 4 21		1
45-		44d	+	1:
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	├──	۲
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	-	1	-
	512(b)(13)? If "Yes." Form 990 and Schedule R may need to be completed instead of Form 990-FZ (see instructions) [] [] [] [] [] [] [<u></u>
53217	73	Form !	990-EZ	(20

Form 990-EZ (2	2015) The Delphic Clu	b					04-212	2207		Page 4
									Yes	No
46 Did the or	rganization engage, directly or indirectly, in poli	itical campaign activities	on behalf of or in	opposition	to candid	lates for pu	iblic office?			
	omplete Schedule C, Part I					<u> </u>		46		X
Part VI	Section 501(c)(3) organizations	only								
	All section 501(c)(3) organizations must a	nswer questions 47-4	19b and 52, and	i complete	the tabl	es for line	s 50 and 51			
	Check if the organization used Schedule	O to respond to any	question in this	Part VI						
									Yes	No
47 Did the or	rganization engage in lobbying activities or havi	e a section 501(h) electi	on in effect durin	g the tax yea	ar? If "Yes	," complete	Sch. C, Part	47		
48 Is the org	anization a school as described in section 170	(b)(1)(A)(II)? If "Yes," co	mplete Schedule	E				48	<u> </u>	
49a Did the or	rganization make any transfers to an exempt no	on-charitable related org	anization?					49a	Ĺ	<u> </u>
	vas the related organization a section 527 organ					••		49b	<u>L</u>	<u></u>
	this table for the organization's five highest co			s, directors	, trustees	and key en	rployees) who	each re	ceived	more
than \$10	0,000 of compensation from the organization. I	f there is none, enter "No	one."							
	(a) Name and title of each employee		(b) Average			portable ition (Forms	(d) Health ben- contributions	*^ ' ') Estin	
	/-		per week deve position			99-MISC)	employee ben plans, and defe		ount of Impens	
	N/A						compensation		ппрепа	auon
										
								-4-		
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				ł				- {		
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4 T-4-1										
	nber of other employees paid over \$100,000 this table for the organization's five highest co	maanaatad indanaadan	t contractors who	oach racan	ed more	than \$100 i	000 of compo	neation f	rom th	•
	ion. If there is none, enter "None." ${f N/A}$		(COMMEDICIONS WHO	each recen	eu more	uran prop	oo or compe	1154110111	i Oili tii	e
	lame and business address of each independer			(h)	Type of s	envice		c) Comp	eneatio	
- (4)	and business aburess of each mocpender	it contractor			1300 01 0	J. V100		oj odnip	CITOLLIC	''
							1			
	· · · · · · · · · · · · · · · · · · ·									
]			
							İ			
d Total nun	nber of other independent contractors each rec	eiving over \$100,000								
52 Did the o	rganization complete Schedule A? Note: All sec	ction 501(c)(3) organiza	tions must attach	a						
complete	d Schedule A							□ Y	es 🗌	No
Under penalties	s of perjury, I declare that I have examined this	return, including accom	panying schedule	es and state	ments, ar	nd to the be	st of my know	ledge ar	d belie	f, it is
true, correct, a	nd complete. Declaration of preparer (other tha	in officer) is based on all	information of w	hich prepar	er has an	y knowledg	e			
	Daniel Israel del Valle	cost of	Vala				3	28	$L_{\mathbf{L}}$	1
Sign	Signature bil dilicer						Date		•	•
Here	Daniel del Valle, T	reasurer								
	Type or print name and title									
	Print/Type preparer's name	Preparer's sugnature	^	Date	T	Check] if PTIN			
Paid	l	16.8 0		L		self- employ	' 1			
Preparer	Nicholas E. Porto			03/10	/17			1310		<u></u>
Use Only	Firm's name BAKER NEWMAN					Firm's EIN	7 4 3 = 1	4945		
	Firm's address ► 175 FEDERAL	•	JITE 970	ı		Phone no.	(617)	<u> 556</u>	- 39	00
	BOSTON, MA		<u> </u>					1-2-1		
May the IRS di	scuss this return with the preparer shown above	ve? See instructions				·		X Y		No
								Form	990-EZ	(2015)

SCHEDULE 0

(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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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 Bos	ston, 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 Cl	lub from the
Club's President and Treasurer. The reimbursement relate	es to funds
inappropriately spent by both individuals for disallowed LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sche 532211 09-02-15	personal use edule O (Form 990 or 990-EZ) (2015

SCHEDULE 0 (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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection 🏄

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-F7) and its instructions is at www.irs.gov/form990. **Employer identification number**

The Delphic Club	04-2122207
items. The total reimbursement meets the definition of a	significant
diversion of assets, but is not subject to taxes under Se	ction 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 C	lub. In order
to protect against future diversions, the Club now ensure	s 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 pr	ovides an
environment where persons of diverse age and experience m	ay gather to
exchange ideas and opinions; to preserve traditions of ac	ademic and
professional excellence; and to establish and maintain fa	cilities where
students, faculty, and graduates of Harvard University wh	o are members
of the Club may gather for study, conversation, and enter	tainment.
Form 990-EZ, Part V, Information Regarding Personal Benef	it Contracts:
The organization did not, during the year, receive any fu	nds, directly,
or indirectly, to pay premiums on a personal benefit cont	ract.
The organization, did not, during the year, pay any premi	ums, directly,
or indirectly, on a personal benefit contract.	

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)

Name of the organization

The Delphic Club

Employer identification number 04-2122207

The Delphic Club			04-21222	07
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(see the instructions f	or Part IV)
(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-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Edward Grafstein				
Secretary (part year)	10.00	0.	0.	0.
Sam Batiste				
Senior Librarian (part yea(\	10.00	0.	0.	0.
Mark Andrews	<u></u>			
Punchmaster (part year)	10.00	0.	0.	0.
Aidan Cleary				
Custodian (part year)	10.00	0.	0.	0.
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