EXTENDED TO FEBRUARY 15, 2018

Return of Organization Exempt From Income Tax

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 and its instructions is at www.irs nov/form990

Intern	al Reven	ue Service	Information about Form 990 and its instructions is at www.irs.	gov/torm990.	Inspection			
A F	or the	2016 calend	lar year, or tax year beginning $APR 1$, 2016 and ending MR	AR 31, 201	7			
B c	heck if	PHI	f organization DELTA ALPHA FRATERNITY	D Employer identi	fication number			
	Addres change	DART	MOUTH COLLEGE					
	Name]change	Doing b	usiness as	02-	0171967			
	Initial return	Number	r and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone numb	per			
	Final return/	HB 5	217	909	-753-60 <u>78</u>			
	termin- ated	City or t	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 294,482.				
	Amend return			H(a) Is this a group	return			
	Applica	F Name a	and address of principal officer ADAM PHILIPPS	for subordinate				
	pendin			H(b) Are all subordinates	included? Yes No			
1 1	ax-exe	empt status:	\bigcirc 501(c)(3) \bigcirc X 501(c) (7) \triangleleft (insert no.) \bigcirc 4947(a)(1) or \bigcirc 52 $\overset{\sim}{7}$	If "No," attach	a list (see instructions)			
JV	Vebsit	e: PHID		H(c) Group exempt				
K F	orm of	organization;	X Corporation Trust Association Other ► L Year of	f formation: 1960	M State of legal domicile: NH			
Pa	irt I	Summary						
	1	Briefly describ	be the organization's mission or most significant activities COLLEGE STU	JDENT FRATE	ERNITY			
Governance								
rna	2 (Check this bo	ox 🕨 🔲 if the organization discontinued its operations or disposed of more the	han 25% of its net a	ssets			
ove	3 1	Number of vo	iting members of the governing body (Part VI, line 1a)	3				
	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)	4	10			
S	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)	5				
Ϋ́Ε	6	Total number	of volunteers (estimate if necessary)	<u> [6</u>				
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	. 7				
_	b	Net unrelated	business taxable income from Form 990-T, line 34	71	b 0.			
-	Ĺ			Prior Year	Current Year			
Revenue12	8	Contributions	and grants (Part VIII, line 1h)	0				
ηúe	9	Program serv	ice revenue (Part VIII, line 2g)	283,865				
Şeγ̂	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	0.				
	11 (Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,749				
A∲R	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,614				
٧			milar amounts paid (Part IX, column (A), lines 1-3)	0				
SEXPENSED EXPENSED	14	•	to or for members (Part IX, column (A), line 4)	0.				
Z	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	0				
SLe Sugar	16a I		fundraising fees (Part IX, column (A), line 11e)	0				
ZX.	b		ing expenses (Part IX, column (D), line 25)		206 204			
ŰĬ	17	Other expens	es (Part IX, column (A), lines-1-1a-1-1d-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	264,874				
	18	Total expense	es Add lines 13-17 (must equal Partilix column (A), line 25) expenses Subtract line 18 from line 12	264,874				
		Revenue less		20,740				
ts o		T-4-14- (inning of Current Year 520,717				
Sse	20	•	rart A, line 10)	0.				
Net Assets or	21 22		s (Part X, line 26) fund balances. Subtract line 21-from line 20	520,717				
Pa	rte .	Signatur		320,717	310,350.			
_	, , , , , ,,		I declare that I have examined this return, including accompanying schedules and statemen	nts and to the best of n	ny knowledge and helief it is			
			e. Declaration of preparer (other than officer) is based on all information of which preparer h		rry knowledge and bollon, k is			
		► Orchon		2/13/18	7			
Sigi	n	Signatur	e of officer	Date				
Her		▲ ADAM	f PHILIPPS, TREASURER					
		Type or	print name and title					
		Print/Type pre	eparer's name Preparer's signature Da	ate Check	PTIN			
Paid			PHER C. BARRETT, C CHRISTOPHER C. BARRE 0	1/3 <u>1/18</u> self-emp	P00136626			
Prep	arer	Firm's name	TYLER, SIMMS & ST. SAUVEUR CPAS, P.C.	Firm's EIN	02-0476956			
Use	Only	Firm's address	s 19 MORGAN DRIVE					
			LEBANON, NH 03766	Phone no. 6	03-653-0044			
May	the IF	RS discuss the	s return with the preparer shown above? (see instructions)		X Yes No			
6320	01 11-11	1-16 LHA	For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)			

PHI DELTA ALPHA FRATERNITY

Form	Page (2016)	02-01/196/ Page	<u>2</u>
Pai	West - W	_	7
	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		
	CODDOD DIODENT TRITINGTIT		
			_
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X N	0
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	0
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	
	revenue, if any, for each program service reported	204 402	_ -
4a	(Code) (Expenses \$ 296,804. including grants of \$) (Reven STUDENT HOUSING & SOCIAL/CIVIC ACTIVITIES	ue\$ 294,482.	_)
	STODENT HOUSING & SOCIAL/CIVIC ACTIVITIES		_
			_
			_
			_
			_
			_
			_
			_
4b	(Code) (Expenses \$	iue \$	
			_
			
			
			
4c	(Code) (Expenses \$		
70	(code) (expenses 5) (neven	.ue \$	- '
			_
			_
			_
			_
			_
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		_
<u>4e</u>	Total program service expenses ► 296,804.		_
		Form 990 (20	16)

PHI DELTA ALPHA FRATERNITY

Form 990 (2016) DARTMOUTH COLLEGE
Part, 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		_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 for			_
	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 effect			
	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) i		
	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	ļ ,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for) 1		}
	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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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 D,	ا ا	v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441.		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		 ^
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	116		 -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		x
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	i i		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	Х
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	15		х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	\Box		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	\Box		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	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	19		X
		Form	990	(2016)

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Form 990 (2016) DARTMOUTH COLLEGE
Part IV | Checklist of Required Schedules (continued)

·*,.	Continued Continued			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			, v
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
040	Schedule J	23_		
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes, " answer lines 24b through 24d and complete	040		x
.	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
نہ د	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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
L	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, and			į .
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		
06	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,"	26		х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26_		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	1	*
20	instructions for applicable filing thresholds, conditions, and exceptions):	, ~	. 1	3.
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, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		
	If "Yes," complete Schedule N, Part I	31		х
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	,	Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	_X_	
			agn	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	' 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	i est	3	₹ * ×
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b0		P	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Û.	5 1	d
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ţ. :	į	1
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***	W 1	36
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a	1	X
b	If "Yes," enter the name of the foreign country:	1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		- ·	F
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	i	x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-00		
	were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	3 3 3	· ·	<u>3</u> .
а	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Γ-
	to file Form 8282?	7с]
d	If "Yes," indicate the number of Forms 8282 filed during the year		3	1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	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		7:	1.
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		Ų.	. 4
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		T
10	Section 501(c)(7) organizations. Enter	4.0	, ,	3
а	Initiation fees and capital contributions included on Part VIII, line 12	- 4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0.		ľ	
11	Section 501(c)(12) organizations. Enter			,
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			P
_	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?	12a	<u> </u>	T
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O	-50		†
b	Enter the amount of reserves the organization is required to maintain by the states in which the	'	1	1
-	organization is licensed to issue qualified health plans		1	İ
С	Enter the amount of reserves on hand			1

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0

Form 990 (2016)

DARTMOUTH COLLEGE

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10		- \r	
	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.	,		
h	Enter the number of voting members included in line 1a, above, who are independent 1b 10	* 、	1	
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		, s	
2		2		X
_	officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	_		v
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
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?		i., ``.,	2
_	The organization's CEO, Executive Director, or top management official	15a	* 3	X
	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	, %	₩ 14
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		* * ;	
108	taxable entity during the year?	16a	, j	X
	, , ,	10a	,,	1
D	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	401		\vdash
500	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	vailable	9	
	for public inspection Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PHI DELTA ALPHA FRATERNITY - 603-646-1110			
	HB 5217, HANOVER, NH 03755			

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Form 990 (2016)

Page 7

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per week	box.	box, unless person officer and a direct			s both	an	compensation	compensation	amount of other
	(list any	-					Ė	from the	from related organizations	compensation
	hours for	Individual trustee or director	- ex			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		99	Suadu		(W-2/1099-MISC)		organization and related
	below	dual t	Institutional trustee	_	mploy	st cor	-		:	organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) VIKRAM BODAS	14.00						_			
PRESIDENT				X				0.	0.	0.
(2) IAN WHITNEY	14.00									_
VICE PRESIDENT		<u> </u>		Х		L		0.	0.	<u> </u>
(3) ADAM PHILIPPS	14.00	1								
TREASURER		ļ		Х			_	0.	0.	0.
(4) SAM FORSTNER	14.00									
SECRETARY	14 00	<u> </u>	_	X		<u> </u>		0.	0.	0.
(5) ROBERT MAGUIRE	14.00		i							•
HOUSE MANAGER	14 00	\vdash		X		_		0.	0.	0.
(6) SAM CAREY	14.00			. ,					0	0
HOUSE MANAGER (7) JAY DAUKAS	14.00	_		X		<u> </u>		0.	0.	0.
(7) JAY DAUKAS SOCIAL CHAIR	14.00		}	х				0.	0.	0.
(8) WILL HILL	14.00	 		Δ	_	-	-			
SOCIAL CHAIR	14.00	{		X	l		Į	0.	0.	0.
(9) TOMAS LA PORTA	14.00			7.	-	┢	┢┈	 		
SOCIAL CHAIR	11.00		ļ	x				0.	0.	0.
(10) AIDAN PIERCE	14.00	\vdash			┢╌		╁┈			
RISK MANAGER		1		x				0.	0.	0.
			T							
		1			Ì		Ì			1
]	ļ	ļ	ļ		ļ			1
					L.					_
	<u> </u>				<u> </u>	辶				
			ļ							
		<u> </u>				<u> </u>				
		1								
	1					<u> </u>		<u> </u>	<u> </u>	

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Form 990 (2016)

Form'i 990 (2016) DARTMOUT	H COLLEC	Έ							02-01	719	67	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	f Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	offic	not cl , unles cer an	Pos heck ss per	more rson i	than on the state of the state	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations (W-2/1099-MIS	.	(F Estim amou oth compei from	nated int of ner nsation
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organi and re organiz	elated
										_		
						<u> </u> 	_					
						-						
1b Sub-total								0.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but re		ose	liste	d ab	— ove	 e) wh	▶ • • re	0.	000 of reportable	0.		0.
compensation from the organization											Ye	0 s No
 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si 	uch individual			•	•				,		3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a	0,000? <i>If "Yes,</i> accrue compen	" co	<i>mple</i> on fr	ete S	Sche any	edule unre	J f	or such individual			4	X
rendered to the organization? If "Yes." con Section B. Independent Contractors											5	
Complete this table for your five highest co the organization. Report compensation for									•	ensatio	n from	
(A) Name and business	address	NC	ONE	<u> </u>			-	(B) Description of s	ervices	Coi	(C) mpensa	ition
				_			-					
		_					-				- - -	
Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot lin	nited	d to	thos	_	ted	above) who received me	ore than	·		
										F	orm 99	O (2016)

Form 990 (2016) DARTMOUTH COLLEGE
Part VIII | Statement of Revenue

,		Check if Schedule O contains a resp	onse or note to any li	ne in this Part VIII			
\$00,00 Table				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants		a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$	b c d				
<u>0</u>	1	h Total. Add lines 1a-1f	Business Cod				284.3
		a STUDENT HOUSING & SO	Business Code 721310	294,482.	294,482.	<u> </u>	
ç	2		1 /21310	294,402.	234,402.		
Ş Ş	4	b		 			
E		c		 		<u> </u>	
gra	4	<u> </u>		 			
Program Service		f All other program convex revenue			 		
_	l	f All other program service revenue g Total. Add lines 2a-2f		294,482.			*****
	3		interest and	201,102.			
	"	other similar amounts)	intorest, and		}		
	4	· ·	and proceeds				
	5	·	> ind proceeds				
	"	(i) Rea	d (ii) Personal	N A 4 * * * *			3 * 4 * 4 W
	6	a Gross rents	a (ii) i oroonar				
	1	b Less rental expenses					
	ł	c Rental income or (loss)					
	1	d Net rental income or (loss)	•	********	<u> </u>	<u> </u>	 ``
	1	a Gross amount from sales of (i) Securi	ties (ii) Other	****	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		assets other than inventory					
	l	b Less cost or other basis					
	ļ	and sales expenses					
	ł	c Gain or (loss)					
	ł	d Net gain or (loss)	>				
•	i	a Gross income from fundraising events (n	ot	* * * * * * * *			1000
ž	İ	including \$ of					
ě	•	contributions reported on line 1c) See					
Other Revenu	İ	Part IV, line 18	a				
ŧ	İ	b Less direct expenses	Ь				
0		c Net income or (loss) from fundraising eve	nts		# 1 *		
		a Gross income from gaming activities Ser		, ,		\$ 7 1 V :	* 1
		Part IV, line 19	a]		, , , , ,	
		b Less direct expenses	ь				·
	Į	c Net income or (loss) from gaming activities	es >				
	10	a Gross sales of inventory, less returns	-				
	-	and allowances	a	4	ľ		
		b Less cost of goods sold	ь[<u> </u>
	<u></u>	c Net income or (loss) from sales of inventor					
	<u> </u>	Miscellaneous Revenue	Business Code	e	ļ		
	11	a		 	 		
	}	b		 	 	ļ	
	}	c		 	\		
	1	d All other revenue	L	 			
	1	e Total. Add lines 11a-11d	>	-			
_	12	Total revenue See instructions.		294,482.	294,482.	0.	0.
6320	09 11-	-11-16					Form 990 (2016)

Form'990 (2016) DARTMOUTH COLLEGE
Part IX Statement of Functional Expenses

<u>Sect</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	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				
	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		1		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		<u> </u>		·
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management			<u> </u>	
b	Legal	1 262	1 360		
C	Accounting	1,362.	1,362.	 	
d	Lobbying		* *		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses Information technology		 		
14 15	Royalties			 	
16	Occupancy	97,686.	97,686.		
17	Travel	3,7000.	31,000.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,770.	20,770.		
23	Insurance	12,766.	12,766.		
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 O.)				
а	HOUSE FUNCTIONS	91,823.	91,823.		
b	SOCIAL EXPENSE	25,465.	25,465.		
С	EQUIPMENT AND SUPPLIES	18,571.	18,571.		! !
d	MISC	9,506.	9,506.		
е	All other expenses	18,855.	18,855.		
<u>25</u>	Total functional expenses Add lines 1 through 24e	296,804.	296,804.	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)		<u> </u>		000

Form 990 (2016)
Part X Balance Sheet DARTMOUTH COLLEGE

L		Check if Schedule O contains a response or not	a to an	v line in this Part V						$\overline{}$
		Officer if correctine of contains a response of flot	e to an	y IIIIe III tilis Fait A	Τ	(4)	T	I		
					Begir	(A) Ining of year		Er	(B) nd of yea	r
	1	Cash - non-interest-bearing				19,037.	1		40,	514.
	2	Savings and temporary cash investments				20,292.	2		17,	266.
	3	Pledges and grants receivable, net					3			
	4	Accounts receivable, net					4			
	5	Loans and other receivables from current and fo	rmer o	ficers, directors,		MAR :	100	` , ,	. 3.3	
		trustees, key employees, and highest compensa			Higgs					
		Part II of Schedule L		. , ,			5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under	11	1.野茶館	1	8-314 _{3.}	-31.	4 ' **
		section 4958(f)(1)), persons described in section	. , * * * *				W.			
		employers and sponsoring organizations of secti			. ,				-33	
ģ		employees' beneficiary organizations (see instr)			6			<u></u>		
Assets	7	Notes and loans receivable, net	·				7		*	
¥	8	Inventories for sale or use		_		8				
	9	Prepaid expenses and deferred charges					9			
	10a	Land, buildings, and equipment cost or other	l i		, ,	411		2 62	* #*	
		basis Complete Part VI of Schedule D	10a	717,089.	, ,				11	;
	ь	Less accumulated depreciation	10b	256,471.		481,388.	10c		460,	618.
	11	Investments - publicly traded securities				i	11			
	12	Investments other securities See Part IV, line 1			12					
	13	Investments - program-related See Part IV, line 1			13					
	14	Intangible assets			14					
	15	Other assets See Part IV, line 11				15			· · · · · · · · · · · · · · · · · · ·	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)		520,717.	16		518,	398.
	17	Accounts payable and accrued expenses			17					
	18	Grants payable				18				
	19	Deferred revenue					19			
	20	Tax-exempt bond liabilities					20			
	21	Escrow or custodial account liability Complete F	art IV	of Schedule D			21			
တ္ဆ	22	Loans and other payables to current and former	officer	s, directors, trustees,	, ,					Į. 1
Liabilities		key employees, highest compensated employees	s, and	disqualified persons				.: (Ţ,	
jap		Complete Part II of Schedule L				<u></u>	22			
_	23	Secured mortgages and notes payable to unrela	ted thu	d parties			23			<u></u>
	24	Unsecured notes and loans payable to unrelated	third p	parties			24			
	25	Other liabilities (including federal income tax, pay	/ables	to related third						
		parties, and other liabilities not included on lines	17-24)	Complete Part X of						
		Schedule D					25			
	26	Total liabilities. Add lines 17 through 25		. (***)	» »,	0.	26			0.
		Organizations that follow SFAS 117 (ASC 958)		k here ▶ X and	· \$\$					300
es es		complete lines 27 through 29, and lines 33 and	d 34.			F 0.0 F 1 F	·\$.	, (200
auc	27	Unrestricted net assets				520,717.	27		518,	<u> 398.</u>
Bal	28	Temporarily restricted net assets					28			
힏	29	Permanently restricted net assets			¥ , ,		29			
로		Organizations that do not follow SFAS 117 (AS		* * * * * * * * * * * * * * * * * * * *	a,		,	.		
Net Assets or Fund Balances	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds	<u> </u>	•						
set	30 31	Paid-in or capital surplus, or land, building, or eq			30					
As	31 32	Retained earnings, endowment, accumulated inc					31			
Se	33	Total net assets or fund balances	Jone, C	or other fullus		520,717.	32		512	308
	34	Total liabilities and net assets/fund balances				520,717.	33 34		518,3 518,3	398
		The state of the s					. ~	1	,	

Pa	T XI Reconciliation of Net Assets			
`	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,482.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,804.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,322.></u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	520	717.
5	Net unrealized gains (losses) on investments	5	Ĺ	
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	<u></u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,] [
	column (B))	10	518	3,398.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a]	
	separate basis, consolidated basis, or both		[%, %]	
	Separate basis Consolidated basis Both consolidated and separate basis			L 1 1 1 1 1 1
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	, [8 1	
	consolidated basis, or both		[\ \ \ \	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	,	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		G P	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud		
	Act and OMB Circular A-133?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red auc	dit i	Ì
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form ⁹	990 (2016)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

16 Open to Public Inspection

Name of the organization

PHI DELTA ALPHA FRATERNITY

DARTMOUTH COLLEGE

Employer identification number 02-0171967

Pa	rt Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors 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?		Yes No
Pa	rt Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	••	
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		
	\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	·
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	the organization's accounting for
Pai	conservation easements it.III. Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
ξ, α,	Complete if the organization answered "Yes" on Form		Her Offinal Assets.
	If the organization elected, as permitted under SFAS 116 (AS		aget and balance sheet weeks of out
ıa	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		TICE OF Public service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		and balance cheet works of ort. historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	deation, or research in furtherance of pur	one service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financial	
~	the following amounts required to be reported under SFAS 1		gair, provide
а		, , ,	•
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2016

Part: VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		800.		800.
b Buildings		672,143.	217,885.	454,258.
c Leasehold improvements				
d Equipment		44,146.	38,586.	5,560.
e Other				0.
Total. Add lines 1a through 1e (Column (d) mus	st equal Form 990. Part X. colum	nn (B), line 10c.)		460,618.

Schedule D (Form 990) 2016

	LTA ALPHA FRATERNI		
	UTH COLLEGE	02	2-0171967 Page 3
Part VII Investments - Other Securi			
		11b See Form 990, Part X, line 12.	
(a) Description of security or category (including name	of security) (b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		ļ	
(C)			
(D)		 	
(E)			
(F)		_	
(G)		.	
(H)		1,00	
Total (Col. (b) must equal Form 990, Part X, col. (B) lii	ne 12.) 🖊		
Part VIII Investments - Program Rel			
Complete if the organization answer		11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1)			
(2)			·
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) lii	ne 13.) 🖊	77 MARINE (2013)	Maria Maria
Part IX Other Assets.			
Complete if the organization answer	red "Yes" on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			<u> </u>
(6)			<u> </u>
(7)			
(8)			-
(9)			
Total. (Column (b) must equal Form 990, Part X. o	col (R) line 15)		
Part X Other Liabilities.	Ol. (Drinic 13.)	· · · · · · · · · · · · · · · · · · ·	
<u></u>	red "Yes" on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	5
1. (a) Description of liabi			P 28 30: 87 17:20 8 . 37
(1) Federal income taxes	<u> </u>		
(2)			' *
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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) 2016

(9)

	rt XI Reconciliation of Revenue per Audited Financia	Statements With Revenue no	UZ-UI/I90/ Page 2
Га			ei netuili.
	Complete if the organization answered "Yes" on Form 990, Pa		
1	Total revenue, gains, and other support per audited financial statemen	nts	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا م ا	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
đ	Other (Describe in Part XIII)		
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 Investment expenses not included on Form 990, Part VIII, line 7b	ا ء ا	ļ.
a	•	4a 4b	 *:
b	Other (Describe in Part XIII) Add lines 4a and 4b	40	4c
C E	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I.	 has 10 h	5
5 Pa	t XII Reconciliation of Expenses per Audited Financi	ial Statements With Expenses	
	Complete if the organization answered "Yes" on Form 990, Pa		
1	Total expenses and losses per audited financial statements	1017,1110 124.	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
z a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	20	
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 IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
	,	· · · · · · 	
C	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part)	 I. line 18.) .	4c 5
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information.	I. line 18.)	
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part		5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part of XIII Supplemental Information.	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
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5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
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5 Pa Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4; Part IV, lines 1b and 2b, Part V	5
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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.

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-EZ) and its instructions is at www.irs.gov/form990. PHI DELTA ALPHA FRATERNITY

DARTMOUTH COLLEGE

Employer identification number 02-0171967

DAKIMOOIN COHHIGH
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WILL BE PROVIDED BY THE TREASURER TO EACH MEMBER OF THE
GOVERNING BODY. HE WILL SEND TO EACH MEMBER ELECTRONICALLY 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 990 ARE AVAILABLE
FOR PUBLIC INSPECTION IN THE GREEK LETTER ORGANIZATIONS AND SOCIETIES
(GLOS) OFFICE AT DARTMOUTH COLLEGE. ADDITIONALLY, MEMBERS OF THE PUBLIC MAY
VIEW GOVERNING DOCUMENTS UPON REQUEST, TO THE ORGANIZATION. REQUESTED
DOCUMENTS WILL THEN BE PROVIDED IN A PRINTED OR ELECTRONIC FORMAT PER
REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 3.