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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Inten	artment of nal Reven	the Treasury ue Service	► Information about Form 990 and its instructions is at www.irs.g	-	o.	Inspec	tion
Ā	For the	2016 cale	ndar year, or tax year beginning July 1 , 2016, and ending		ne 30	, 20 17	
			C Name of organization Dartmouth College Class of 1992		D Employ	er identification i	number
_	Address		Doing business as			02-0520127	
_	Name ch		Number and street (or P O box if mail is not delivered to street address) Room/suite	,	E Telepho	ne number	
	Initial reti	٠ ا	6068 Blunt Alumni Center			(310) 482-5804	
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			<u> </u>	
	Amended	d return	Hanover, NH 03755		G Gross re	eceipts \$	308,2
			F Name and address of principal officer Anne Hammer	H(a) Is this a g	roup return for	subordinates? Ye	
			2722 N Oakland St, Arlington, VA 22207			s included? TYe	
	Tax-exer	npt status				list (see instruct	
J	Website		2.dartmouth.org	H(c) Group	exemption	number >	8204
K	Form of c		Corporation ☐ Trust			of legal domicile	NH
	art I	Summ	Talaina (Talain Tilliana) (Ta				
			scribe the organization's mission or most significant activities: Dartmou	ıth College	Class of	1992 is an alun	nnı club
g ,	ľ		orts the Trustees of Dartmouth College through various activities. The prima				
and	l		uth College.	ii). Pai Post	13 19 011		
ern	1		s box ▶ ☐ If the organization discontinued its operations or disposed of	more than	25% of	its net assets	
Governance	1		of voting members of the governing body (Part VI, line 1a)		1 _ 1		
	!		of independent voting members of the governing body (Part VI, line 1b)				
Activities &			ber of individuals employed in calendar year 2016 (Part V, line 2a)		5		
viti	t .		nber of volunteers (estimate if necessary)		6		
Acti			elated business revenue from Part VIII, column (C), line 12		7a		
•			ated business taxable income from Form 990-T, line 34		7b		
_		iver uniter	ated business taxable income from Form 950-1, line 54	Prior Ye		Current Y	
	8	Contribut	Land and grants (Part VIII line 1h)				
e e			ions and grants (Part VIII, line 1h)		\$19,580		\$35,1
Revenue		_	service revenue (Part VIII, line 2g)		\$0		\$273,1
B.			nt income (Part VIII, column (A), lines 3, 4, and 7d)		\$2		
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 19c, and 19 e). nue-add lines 8 through 11 (must equal Part/klif/column (A), line 12).		\$0		
	12	Country	nue—add lines 8 through 11 (must equal Part/Vall/column (A), lines/r		\$19,582		\$308,2
1			d similar amounts paid (Part IX, column (A), lines 1-3)	,]	\$8,100		\$8,1
Ì	14	Denenius	paid to or for members (Part IX, column (A), line 4). other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e)	٥/	\$0		
ses	15	Salaries, o	other compensation, employee benefits (Part IX, column(A) lines 5–10)	<i></i>	\$0		
Ë					\$0		
Expenses			draising expenses (Part IX, column (D), line 25)				
-			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		\$9,698		\$274,1
,			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		\$17,798		\$285,8
	19	Revenue	less expenses. Subtract line 18 from line 12	 	\$1,784		\$22,4
S o				eginning of Cu	rrent Year	End of Y	ear ————
Assets or Balances			ets (Part X, line 16)		\$53,077		\$77,6
a A			lities (Part X, line 26)		\$1,980		\$4,0
24			s or fund balances. Subtract line 21 from line 20		\$51,097		\$73,5
Pa	rt II	Signat	ure Block				
			y, I declare that I have examined this return, including accompanying schedules and statem			ny knowledge an	d belief,
true	, correct,	and comple	te Declaration of predarer (other than officer) is based on all information of which preparer h	nas any knowl	edge		
	1		Life- XI		-11/I	4/17-	
Sig	,	a Signa	fire of officer	Da	te		
Her	e	\	Kyle Hulland Class I reasurer				
		Туре	or pfin name and title				
Pai	d	Print/Typ	e preparer's name Preparer's signature Date)	Check	T If PTIN	
	o parer	. L			self-emp		
	e Only		me ▶	Firm	n's EIN ▶		
USE	- Only	Firm's ac			ne no		
May	the IR		this return with the preparer shown above? (see instructions) .			Ye	s No
				11282Y			990 (20

0000	00 (201	10)	Pa	ige 🚣
Part	111	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III	 	旦
1		efly describe the organization's mission:		
		tmouth College Class of 1992 is an alumni club that supports the Trustees of Dartmouth College through var	nous activities.	
	The	primary purpose is to enhance Alumni interest in Dartmouth College.		
2	Did	the organization undertake any significant program services during the year which were not listed on	the	
_		or Form 990 or 990-EZ?	☐ Yes ☑	Nο
		Yes," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any progr	ram	
		vices?		No
	If "Y	Yes," describe these changes on Schedule O.		
4		scribe the organization's program service accomplishments for each of its three largest program servi		
		penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to oth	iers,
	the t	total expenses, and revenue, if any, for each program service reported		
4a	(Coc	de:) (Expenses \$ \$269,560 including grants of \$) (Revenue \$	\$273,164)	
		tmouth Class of 1992's 25th Year Reunion. Revenue is money collected from 711 classmates and thier famil		
	wno	o attended the reunion and reunion expenses included food, entertainment and programs during reunion week	ekend.	

4b	(Cod	de.) (Expenses \$ \$11,040 including grants of \$ \$8,100) (Revenue \$	\$23,480)	
		tmouth Class of 1992 collected dues from 392 classmates with the dues being reinvested in class engageme		
	maili	ling print 1 newsletter to 1,070 classmates and 3 class projects (grants to Dartmouth College Organizations).		

4c	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)	
			v	
4d	Othe	er program services (Describe in Schedule O.)		
	(Expe	penses \$ including grants of \$) (Revenue \$		
4e	Total	l program service expenses ► \$280,600		

Part	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_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
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, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
			- 990	(2016)

Part	Cnecklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	000	Yes	No.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u>*</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
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 Schedule J	23		✓
24a	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 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? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
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		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		√
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	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		1
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	27		1
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.	37	√	
		لئت		

Part	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	<u> </u>		V			
	r I		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						
20		1c	✓	ļ			
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
b	Statements, filed for the calendar year ending with or within the year covered by this return 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b					
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		V			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		 			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority						
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial						
	account)?						
b	If "Yes," enter the name of the foreign country: ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts						
	(FBAR).	 					
5a		5a		√			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1			
C Ea	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 -			
6a	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		1			
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ba		-			
_	gifts were not tax deductible?	6b		Ì			
7	Organizations that may receive deductible contributions under section 170(c).			-			
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		1			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		✓			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- ''' -					
Ū	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	· '				
9	Sponsoring organizations maintaining donor advised funds.	-					
a	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					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders						
þ	Gross income from other sources (Do not net amounts due or paid to other sources against 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?	100					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		l			

Form 9	90 (2016)				age 6					
Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sc									
	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	<u></u>	<u> (/)</u>					
Sect	ion A. Governing Body and Management		—-т	V - 1	-					
	Franch and the second s	_1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3								
	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		į							
	committee, explain in Schedule O.		}							
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with	,							
	any other officer, director, trustee, or key employee?		2		1					
3	la di									
	supervision of officers, directors, or trustees, or key employees to a management company or other pers	on? .	3		✓					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?.	5	أحجب	✓					
6	Did the organization have members or stockholders?		6_	✓_						
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint	_		1					
	one or more members of the governing body?	· · ·	7a	-						
b	stockholders, or persons other than the governing body?	members,	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertail	en durina	75							
	the year by the following:	terr caring								
а	The governing body?		8a	V						
b	Each committee with authority to act on behalf of the governing body?		8b	1						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached at								
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	✓						
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal Reven	ue Co							
		,	ا ـــــا	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓					
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt put		406	1						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	-	10b 11a	7						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	the form.	11a	<u> </u>						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		1					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflicts?	12b		<u> </u>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy									
	describe in Schedule O how this was done		12c							
13	Did the organization have a written whistleblower policy?		13		✓					
14	Did the organization have a written document retention and destruction policy?		14		\					
15	Did the process for determining compensation of the following persons include a review and approximately approxima									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and c	1								
a	The organization's CEO, Executive Director, or top management official		15a		√					
b	Other officers or key employees of the organization		15b		-					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement	1							
	with a taxable entity during the year?		16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	valuate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard the		ļ						
	organization's exempt status with respect to such arrangements?		16b							
	on 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 99	U-T (Section	501(c)(3)s	only)					
	available for public inspection. Indicate how you made these available. Check all that apply.	.								
19	Own website Another's website Upon request Other (explain in Schedule		aract :	a a lua :	, ,,,,,					
13	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or financial statements available to the public during the tax year.	JUNIO OF IUC	rest	JOIICY	, and					
20	State the name, address, and telephone number of the person who possesses the organization's be	noke and ro	orde.	•						
	Kyle Huebner, 1726 11th Street, Manhattan Beach, CA 90266, (310) 482-5804	JONS BITUITE	Joi us.							

Pa	n	_	- 4

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	it officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office individual or direction	unles	Pos neck ss pe	rson	e than of the	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Anne Hammer, President	1			1				\$0	\$0	\$0
(2) Kyle Huebner, Treasurer	2			1				\$0		\$0
(3) Kelly Kolln, Secretary	11			1				\$0	\$0	\$0
(4)			-	<u> </u>				30		
(5)	 		-	-						
(6)										
(7)					-					
(8)	1				-					
(9)										
(10)	ļ									
(11)							<u> </u>			
(12)										
(13)										
(14)	<u> </u>									

Par	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (continue	ed)		
		(B) Average hours per week (list any hours for related organizations below dotted line)	officer and a director/trust				ıs both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatioi related organizatio (W-2/1099-N	on from amount of d other trons compensation			
(15)				e		-	ē	_	<u> </u>			 -		
(16)			<u> </u>							 	-			
(17)						-			<u> </u>	 				
(18)						-		-	 					
(19)						-		-						
(20)] 			<u> </u>		-	<u> </u>					
(21)						-		-						
(22)								-	 					
(23)					_			-						
(24)					_	-								
(25)										<u> </u>				
1b c	Sub-total				 - -		i	▶ ▶	\$0 \$0 \$0		\$0 \$0 \$0			\$0 \$0
2	Total number of individuals (including but reportable compensation from the organization)	t not limited		ose	list	ed	above	e) w		ore than \$1		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	for su	ıch	ındi	ividi	ual		oloyee, or high			3	Yes	No ✓
4 5	Did any person listed on line 1a receive of	greater the	an \$1 ompe	150, nsat	000 ion	? <i>l</i> : froi	f "Ye m any	s," , un	complete Sch related organiz	edule J fo	r such			✓
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	ompl	ete	Sch	nedu	ıle J 1	or s	such person	· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	5	l	<u>√</u>
1	Complete this table for your five highest compensation from the organization. Repyear.												on's ta	ix
	(A) Name and business address							(B) Description of s	ervices	((C) Compens	ation		
None														
								_						
2	Total number of independent contractor received more than \$100,000 of compens) th	nose listed abo	ove) who				

Form **990** (2016)

Par	t VIII	Statement of Rev					David VIII		
		Check if Schedule C	Contains	a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns	s	1a					
rau	ь	Membership dues .		1b	\$23,480				
ě, č	c	Fundraising events .		1c					
ar l	d	Related organizations		1d					
s, C	е	Government grants (cor		1e					
ion Si	f	All other contributions, g	lifts, grants,						
the Bell	}	and similar amounts not inc	cluded above	1f	\$11,640				1
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions inclu	ded in lines 1a	-1f \$	\$11,640				
	h	Total. Add lines 1a-1	f	<u> </u>	🕨	\$35,120			
age .	ł				Business Code				
eve.	2a	Registration fees for N	lajor Reunic	n	611310	\$273,164	\$273,164		L
6	b				ا <u>-</u>	}			
<u>Ş</u>	С								
Se	d				ļ				
ran	е	A.11							
Program Service Revenue	f	All other program ser				4070 404		<u> </u>	L
	<u>g</u>	Total. Add lines 2a-2 Investment income	(including	dwd	ends interest	\$273,164	 -		
	"	and other similar ame				\$3	\$3		İ
	4	Income from investmen	-		1				
	5	Royalties		•	· .				
	}	•	(i) Rea		(II) Personal				
	6a	Gross rents							
	b	Less: rental expenses				ŀ			
	С	Rental income or (loss)							
	d	Net rental income or			🕨				
	7a	Gross amount from sales of	(i) Secunt	ies	(II) Other				
		assets other than inventory							
	ь	Less: cost or other basis				į			
		and sales expenses							
	C	Gain or (loss) Net gain or (loss) .	L		<u> </u>				
	d	iver gain or (ioss) .		•					
e E	8a	Gross income from fu	undraising						
Je J		events (not including \$						 - 	ĺ
Other Rever		of contributions report	ed on line 1	c).					
e		See Part IV, line 18 .		· a				! !	
퉏	b	Less: direct expenses	s	. b					
_ }		Net income or (loss) f			events . 🕨				<u></u>
}	9a	Gross income from ga							
1		See Part IV, line 19 .							
- {		Less: direct expenses				- -			
[Net income or (loss) f			vities ▶				
1	iva	Gross sales of in returns and allowance	•			1			
{	b	Less: cost of goods s		-					
Ī	c	Net income or (loss) f							
ŀ		Miscellaneous F			Business Code				<u> </u>
f	11a								
	b								
į	С								
{	d	All other revenue		•					
}	е	Total. Add lines 11a-			•				
- 1	12	Total revenue. See u	etructions		> }	¢200 207	4070 464	_	1

Part IX	Statement of Functional Expenses	
		_

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🗹
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21	\$8,100	\$8,100		
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 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		ĺ		ı
a	Management				
b	Legal				
C	Accounting	\$552		\$552	
d e	Lobbying				
f	Investment management fees				-
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	\$1,797			\$1,797
13	Office expenses	\$1,7.5.			
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	\$2,000		\$2,000	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates		- -		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Major Reunion Expenses	\$269,560	\$269,560		
b	Newsletters	\$2,567	\$2,567		
С	Class Engagement Programs	\$373	\$373		 _
d	Payment Processing Fees	\$869		\$869	
e	All other expenses Total functional expenses. Add lines 1 through 24e				
		\$285,817	\$280,600	\$3,421	\$1,797
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	}	į		
	from a combined educational campaign and			ſ	
	fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				

_	11 990 (2				Page 1
	art X		- ,		
_		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year	İ	
	1	Cash—non-interest-bearing	\$53,077	1	\$77,64
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
Assets	7	Notes and loans receivable, net		7	 -
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b	And the control of th	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	\$53,077	16	\$77,64
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	\$1,980	19	\$4,08
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ā		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	#1.000	26	
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	\$1,980	20	\$4,080
Ses		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
wer Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds	\$0	30	\$1
gg	31	Paid-in or capital surplus, or land, building, or equipment fund	\$0	31	\$(
۲	32	Retained earnings, endowment, accumulated income, or other funds .	\$51,097	_	\$73,56
ē	33	Total net assets or fund balances	\$51,097	_	\$73,567
	34	Total liabilities and net assets/fund balances	\$53.077		\$77.647

Total liabilities and net assets/fund balances .

\$73,567 \$77,647 Form **990** (2016)

\$51,097 **33** \$53,077 **34**

Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			\$30	08,287
2	Total expenses (must equal Part IX, column (A), line 25)	2			\$28	35,817
3	Revenue less expenses. Subtract line 2 from line 1	3_			\$2	22,470
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			\$5	1,097
5	Net unrealized gains (losses) on investments	5				\$0
6	Donated services and use of facilities . ,	6				\$0
7	Investment expenses	7				\$0
8	Prior period adjustments	8				\$0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				\$0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			_		-
		10			\$7	73,567
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u>· · · · · · · · · · · · · · · · · · · </u>	<u>.</u>	<u> </u>	
					Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other		_			ŀ
	If the organization changed its method of accounting from a prior year or checked "Other," expl	laın ı	n	-		į
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		· Li	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led o	or	1		ì
	reviewed on a separate basis, consolidated basis, or both		į	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?	•		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on	a	J		
	separate basis, consolidated basis, or both:		1	1		
	Separate basis Consolidated basis Both consolidated and separate basis					j
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over		. !	ŀ		
	of the audit, review, or compilation of its financial statements and selection of an independent accoun-		L 7	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	laın ı	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth i	n			
	the Single Audit Act and OMB Circular A-133?		1	3a	- (1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o th				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit			3b	- {	
					990	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

aritable trust

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	Name of the organization Employer identification number					n number		
_	artmouth College Class of 1992 02-0520127							
Pa		eason for Public Cha		_ 				ons.
		on is not a private found				•	•	
1		rch, convention of churc						
2 3		ool described in section						
4		pital or a cooperative ho dical research organizati						(iii) Enter the
7		al's name, city, and stat		onjunction with a nos	pitai desc	indea in s	170(b)(1)(A)	(in): Litter the
5	☐ An org	ganization operated for on 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	r operate	ed by a government	al unit described in
6		eral, state, or local gover		mental unit described	i in sectio	on 170(b)	(1)(A)(v)	
7	☐ An org	ganization that normally bed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A com	munity trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	or univer	•	ant college of agr	riculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10	receip suppo	ganization that normally ts from activities related irt from gross investmented by the organization a	l to its exempt fu it income and un	nctions—subject to c related business taxa	ertain exc	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 33¹/3% of its
11		janization organized and						
12		janization organized and						
		or more publicly support the box in lines 12a thro						
а	the	pe I. A supporting organ supported organization poorting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	yority of t		
b	co	pe II. A supporting orga ntrol or management of ganization(s). You must	the supporting o	rganization vested in	the same			
С		pe III functionally integ supported organization						ally integrated with,
d	☐ Ty t tha	pe III non-functionally at is not functionally inte- quirement (see instruction	integrated. A sugrated. The orga	pporting organization nization generally mu	operated st satisfy	d in conne a distribu	ection with its suppo ition requirement an	
е	☐ Ch fun	eck this box if the organictionally integrated, or	nization received Type III non-func	a written determination	on from ti	he IRS tha	at it is a Type I, Type ion.	e II, Type III
f	Enter the	e number of supported of	organizations .					[
g		the following information						
	(i) Name of	supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			}		Yes	No		
(A)				 				
(B)								
(C)								
(D)								
(E)								
					L			

P	art II Support Schedule for Organiz	ations Doos		* 450			Page
	(Complete only if you checked to Part III. If the organization fails to	he box on lin	nbeu in Sec	Tions 1/U(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	and organization fails to	o qualify und	ler the tests I	raitionii (r	ie organizatio	on failed to qu	ualify under
<u>Se</u>	- abilo oupport		101 110 10313 1	isted below, p	nease comp	ete Part III.)	
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(4) 2015	(-) 0010	1 49 -
1	Gifts, grants, contributions, and	\	(5) 2010	(6) 2014	(d) 2015	(e) 2016	(f) Total
	membership fees received. (Do not		1				İ
	include any "unusual grants")				}		1
2	in totaliada levied loi tile		 		 	+	
	organization's benefit and either paid						
	to or expended on its behalf					i	
3	The fact of activices of facilities		†			 	
	furnished by a governmental unit to the			1			ľ
	organization without charge			1	İ		İ
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a				•		l
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4 tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)						<u> </u>
7	A	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends,						
·	payments received on securities loans,						
	rents, royalties and income from similar			}]	
	sources						
9	Net income from unrelated business			 			
	activities, whether or not the business						
	is regularly carried on					ı	
10	Other income. Do not include gain or						
	loss from the sale of capital assets]				ľ	
	(Explain in Part VI.)				ĺ	1	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	ns) .			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	organization	's first, second	d, third, fourth.	or fifth tax ve		501(0)(2)
· I							
<u>sect</u>		rercentage	<u>,</u>				<u> </u>
14 15	Public support percentage for 2016 (line 6,	column (f) div	rided by line 1	1, column (f))	· I	14	%
15 16a	rubile support percentage from 2015 Sche	edule A Part II	line 14			15	
· oa	or is to support test—2010. If the organiza	ation did not a	chack the hov	on line 12 and	تممال استنال	1/3% or more, o	check this
b	The organization quality	ies as a bubii	SIV SUDDOMEA (Organization			
_	331/3% support test—2015. If the organization of	ation did not c	heck a box or	n line 13 or 16a	i, and line 15 is	s 331/3% or mc	re, check
17a	The organization q	uaimes as a p	ublicly suppor	ted organizatio	n		-
	10%-facts-and-circumstances test—201 10% or more, and if the organization mee	6. If the organ	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	Part VI how the organization meets the "fa organization	Cts-and-Circu	mstances tes	it. The organiza	ation qualifies	as a publicly s	supported
b							~ —
-	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	5. If the organ	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
8							
	Private foundation. If the organization did instructions	not check a be	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and so	ee
		<u> </u>	<u> </u>	<u></u>			▶ □

Part III	Support Sch	edule for Or	ganizations	Described in	Section 509(a)(2)

	•	, , , , , , , , , , , , , , , , , , ,	
(Complete only	rif you checked the bo	ox on line 10 of Part I or if the organization failed to qualify unde	r Part II.
If the organizat	ion fails to qualify und	er the tests listed below, please complete Part II.)	

Sect	ion A. Public Support		oto notou pon	, p			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an		 				
J	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
6	Total. Add lines 1 through 5		[
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			· · · · · · · · · · · · · · · · · · ·			
b	Amounts included on lines 2 and 3						
•	received from other than disqualified	j	1				
	persons that exceed the greater of \$5,000	}	}				
	or 1% of the amount on line 13 for the year	L	l		'		
C	Add lines 7a and 7b		ļ				
8	Public support. (Subtract line 7c from				-	٠, '	
Saati	line 6)	- Ph. 71.5	·		L		
	ion B. Total Support	(-) 0010	4-1 0040	(-) 0014	(-1) 0045	(-) 0010	(0 T. b.)
Garen 9	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
'-	loss from the sale of capital assets (Explain in Part VI.)					į	
13	Total support. (Add lines 9, 10c, 11, and 12)				 		
14	First five years. If the Form 990 is for the organization, check this box and stop her		n's first, secon				n 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8					15	%
16	Public support percentage from 2015 Sch				<u> </u>	16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2016 (I					17	%
18	Investment income percentage from 2015					18	%
19a	331/3% support tests—2016. If the organi						
	17 is not more than 33½%, check this box a						
b	331/3% support tests – 2015. If the organiz line 18 is not more than 331/3%, check this b	ation did not c	neck a box on	ine 14 or line 1	ya, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di					_	_

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations		_	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
_		1	 	 -
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u>-</u>		
Ju	(b) and (c) below.	3a	 	
h		30		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	\ <u> </u>	 	
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		[<u>-</u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
_		40	├	 -
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		 	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		ŀ	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;		ŀ	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		l	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		·
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	 - <u>-</u> -		
	taran da antara da antara da antara da antara da antara da antara da antara da antara da antara da antara da a	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			<u></u> !
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	ļ	 ,
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described to section 500(s)(1) or (0)(2) (f. "Yea." provide detail in Part III.			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		ļ.,
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		<u></u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	40	ļ	<u> </u>

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported	 		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	L	<u> </u>
Secti	on C. Type II Supporting Organizations		V	Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		}	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			,—
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ز حمد محا
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		 -
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}	ļ	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.53	
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	}	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	}	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b	 -	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		 	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	 	 	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		<u></u>
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u></u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	·	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		<u> </u>
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		1
2 Enter 85% of line 1.	2		T
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-functionall instructions). 	y ini	tegrated Type III supporting	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Secti	ion D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	·		
4	Amounts paid to acquire exempt-use assets	·				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive			
	(provide details in Part VI) See instructions.					
9_	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
а						
b						
С	From 2013					
d	From 2014					
е	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from Section D, line 7.					
a	Applied to underdistributions of prior years					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b	Excess from 2013					
С	Excess from 2014					
d	Excess from 2015		<u> </u>			
ее	Excess from 2016			<u></u>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schools**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

**Dartmouth College Class of 1992** 02-0520127 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . . . . . . . . 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain If you need more space, use Part II . . . . . . 3 Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?. . . . . . . . . . . . . . . . . . . . . . 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? . . . 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to Students' rights or privileges? . . 5a Admissions policies? . . . 5b Employment of faculty or administrative staff? 5c Scholarships or other financial assistance? . 5d Educational policies? . 5e Use of facilities? 5f Athletic programs? . . 5g Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? . . . . . 6a **b** Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . 6b 1 If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

Part II	orm 990 or 990-EZ) 2016 Page 2
Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).
Line 3 - Exi	planation of Nondiscrimination Policy
	211). As part of a group exemption with the Trustees of Dartmouth College (Group Filing Number 8204) Dartmouth College Class
of 1992 is r	ecognized as exempt as a school under IRC 509 (a) (1) and Section 170 (b) (A) (iii).
Dartmouth	College Class of 1992 is an alumni club that supports the Trustees of Dartmouth College through various activities
	***************************************

### 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.

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

20**16** 

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

i.irs.gov/form990. Inspection
Employer identification number

Dartmouth College Class of 1992	02-0520127		
Form 990 - Part VI - Line 11b - Form 990 is prepared by the Dartmouth Class of 1992 Treasurer and sen	t to the Dartmouth Class of 1992		
President and Dartmouth Alumni Relations before filing Dartmouth College provides tax assistance and a tax webinar to assist with the			
preparation of the tax return.			
Form 990 - Part VI - Line 19 - Dartmouth College Class of 1992 makes its documents available to the pu	ublic through request to the President		
or Treasurer upon which the documents will be provided to the requestor.			
Form 990 - Part VI - Line 1 - Dartmouth College Class of 1992 does not have any employees and is sole	ey made up of class alumni volunteers.		
The President, Treasurer and Secretary are elected volunteer officers of the organization.			
Form 990 - Part VI - Line 6 - Class of 1992 alumni are considered members of the organization			
Form 990 - Part VI - Line 7 - Class of 1992 alumnı members vote to elect the President, Tresurer and Se	cretary for a 5 year term.		
Form 990 - Part VI - Line 9 - President, Anne Hammer, 2722 N Oakland St, Arlington, VA 22207, Treasur	er, Kyle Huebner, 1726 11th Street		
Manhattan Beach, CA 90266, Secretary Kelly Kolln, 3900 Cottage Grove Ave SE, Cedar Rapids, IA 5240	3		
Form 990 - Part V - Line 6a - Dartmouth College Class of 1992 has a major reunion every 5 years which	results in gross receipts over		
\$100,000. The other 4 years, gross receipts are less than \$25,000 so the organization does not have gr	oss receipts normally > \$100,000		
Form 990 - Part V - Line 7e, 7f - The organization did not, during the year, recieve 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 in	directly, on a personal benefit contract.		
Form 990 - Part IX - Line 1 - Dartmouth Class of 1992 made contributions to (1) Dartmouth Partners in (	Community Service (\$3,500)		
(2) Dartmouth Athletic Sponsors (\$600) (3) Dartmouth Women in Science Project (\$2,000) (4) Dartmoutl	h Center for Service (\$2,000)		
·····			

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
<del></del>	