Extended to May 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| <u>A</u> | ror the | e 20 15 calendar year, or tax year beginning U | OL I, ZOIS and | a enaing t | <u> </u> | , 2010 | | |
|--------------------------------|--------------------|---|--------------------------------------|---------------|-------------------|--------------------|---------------------|-------------------|
| В | Check if applicabl | C Name of organization | | | D Empl | oyer identific | cation number | |
| | Addre | Trustees of Dartmouth | College | | | | | |
| | Name chang | Doing business as | | | | 02-0 | 222111 | |
| | Initial return | Number and street (or P.O. box if mail is not del | ivered to street address) | Room/suite | E Telep | hone number | | |
| | Final return | | | 6015 | · · | |)646-301 | 1 |
| | termin ated | City or town, state or province, country, and | ZIP or foreign postal code | • | G Gross re | eceipts \$ 5 | ,660,597 | ,832. |
| | Ameno return | nanover, Nn 03/33 | | | H(a) Is th | nis a group re | turn | |
| | Application | F Name and address of principal officer:Phi | lip J. Hanlon | | fors | subordinates | ? Yes | X No |
| | pendir | g same as C above | | | H(b) Are a | II subordinates in | cluded? Yes | ☐ No |
| | | | | or 527 | 7 If "N | No," attach a | list. (see instruct | tions) |
| | | e:▶ www.dartmouth.edu | | | | | n number 🕨 8 | |
| <u>K</u> | Form of | organization, | sociation Other | L Year | of formation | 1: 1769 N | State of legal dor | nicile: NH |
| P | art I | Summary | | | | | | |
| Φ | 1 | Briefly describe the organization's mission or most | significant activities: Dart | mouth | Colle | ge edu | cates the | e |
| Activities & Governance | | most promising students a | nd prepares the | m for | a lif | etime o | of learn: | ing |
| er n | 2 | Check this box 🕨 📖 if the organization disco | ntinued its operations or dispo | osed of mor | e than 25% | of its net as | sets. | |
| ŏ | 3 | Number of voting members of the governing body | (Part VI, line 1a) | | | 3 | | 26 |
| <u>ه</u> | 4 | Number of independent voting members of the go | verning body (Part VI, line 1b) | | | | | 24 |
| es | 5 | Total number of individuals employed in calendar y | ear 2015 (Part V, line 2a) | | | 5 | | 10462 |
| Σŧ | 6 | Total number of volunteers (estimate if necessary) | | | | | | 9800 |
| Act | 7 a | Total unrelated business revenue from Part VIII, co | olumn (C), line 12 | | | | 21,253 | |
| _ | b | Net unrelated business taxable income from Form | 990-T, line 34 | | | 7b | -18,137 | <u>,253.</u> |
| | | | | | Prior | | Current Y | |
| <u>e</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | | 2,265. | | |
| enc | 9 | Program service revenue (Part VIII, line 2g) | | | | | 512,308 | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4 | <u>.</u> | | | 278,456 | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c | | 9,38 | 8,938. | 16,796 | <u>,481.</u> | |
| | 12 | Total revenue - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) | | | ,170,409. | 1,196,7 | |
| | 13 | Grants and similar amounts paid (Part IX, column (| A), lines 1-3) | <u> </u> | 145,57 | 0,085. | 158,317 | |
| | | Benefits paid to or for members (Part IX, column (A | | | 0. | | 0. | |
| es | 15 | Salaries, other compensation, employee benefits (| | | 522,52 | 1,313. | 548,414 | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), l Total fundraising expenses (Part IX, column (D), lin | ine 11e) | <u></u> L | | 0. | | <u> </u> |
| ă | b | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d | | ····· | | | 484,497 | |
| | | Total expenses. Add lines 13-17 (must equal Part I | | | | ,708,355. | | 29,177. |
| . " | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | | 2,054. | 5,554 | |
| Net Assets or Find Balances | | | | В | | Current Year | End of Ye | |
| Sset | 20 | , | | | | ,439,165. | 7,256,0 | |
| et A | 21 | Total liabilities (Part X, line 26) | | | | ,120,434. | 2,242,7 | |
| 챨 | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 5,314 | ,318,731. | 5,013,3 | 05,216. |
| _ | art II | Signature Block | | | | | | |
| | | Ities of perjury, I declare that I have examined this return, | | | • | | / knowledge and b | eliet, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than office | er) is based on all information of w | vhich prepare | r has any kn | owledge. | | |
| | | Signature of officer | | | | Date | | |
| Sig | | - | 1 | | | λαιο | | |
| He | re | Gail Goodness, Control Type or print name and title | Tet | | | | | |
| _ | | , | Duanavaula ainmatuua | 1 | Date | Chaok | TI PTIN | |
| Pai | d | Print/Type preparer's name | Preparer's signature | | | Checkif | _ | |
| | parer | Firm's name | | | 1. | self-employe | a I | |
| | e Only | Firm's name | | Firm's EIN | | | | |
| USE | Unity | Firm's address | | | , | Dhono no | | |
| N4c | v +b > !! | OS discuss this return with the preparer of accept | avo2 (ago inatrustiana) | | | Phone no. | Yes | Na |
| ivia | y ine il | RS discuss this return with the preparer shown abo | ve: (See instructions) | | | | L res | <u> No</u> |

Form **990** (2015)

| Form | 990 (2015) Trustees of Dartmouth College | 02-0222111 | Page 2 |
|------|--|------------------------------|---------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| | Briefly describe the organization's mission: | | |
| | Dartmouth College educates the most promising student | | |
| | them for a lifetime of learning and of responsible le | | ough |
| | a faculty dedicated to teaching and the creation of k | nowledge. | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | 77 |
| | the prior Form 990 or 990-EZ? | Ye | s X No |
| | If "Yes," describe these new services on Schedule O. | | |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program serv | ices? X Ye | es L No |
| | If "Yes," describe these changes on Schedule O. | | |
| | Describe the organization's program service accomplishments for each of its three largest program service | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported. | o others, the total expenses | s, and |
| - | (Code:) (Expenses \$ 673,231,144 • including grants of \$ 148,167,936 •) | (Revenue \$ 394,585 | 347. \ |
| | 4a. Education and Academic Support: A Dartmouth educ | | |
| | any other. Through person-to-person teaching and opposit | | |
| | create and apply knowledge on campus and across the | | th |
| | instills a love of learning among its students and em | | |
| | lifetime of leadership. Academics at Dartmouth are in | | |
| | interdisciplinary, international, and individualized | for each stud | ent. |
| | Each student's experience is distinguished by breadth | | |
| | personal connections with top faculty. The instituti | on comprises | the |
| | Faculty of the Arts & Sciences, and three professiona | al schools: th | .e |
| | Thayer School of Engineering, the Tuck School of Busi | | |
| | Geisel School of Medicine. Dartmouth's 1,066-person | | |
| | and guides approximately 6,350 undergraduate and grad | | |
| | (Code:) (Expenses \$ 198,595,523. including grants of \$ 7,936,339.) | | |
| | 4b. Research & Research Support: At Dartmouth, teach | | |
| | are inextricably linked. Dartmouth offers undergradua | | |
| | rigorous curriculum at the forefront of higher educat faculty pursue research at the highest levels of their | | |
| | Students conduct independent study through one-on-one | | |
| | a faculty member or work as a member of a research gr | | WICII |
| | state-of-the-art facilities. Dartmouth is home to wo | | olarg |
| | in the Faculty of Arts & Sciences, the Thayer School | | |
| | the Tuck School of Business, and the Geisel School of | | |
| | has strong ties to the Dartmouth-Hitchcock Clinic and | | |
| | Hitchcock Memorial Hospital. In addition, Dartmouth h | | 50 |
| | centers, institutes, research groups, and laboratorie | | |
| | (Code:) (Expenses \$ 172,882,887. including grants of \$ 2,212,406.) | | |
| | 4c. Campus Life: Our close-knit community is a disti | | · |
| | enduring feature of the Dartmouth experience. For stu | dents, the pr | ocess |
| | of joining and adapting to a new community can be as | | |
| | significant as their academic work. For this reason, | Dartmouth inv | ests |
| | resources in creating a community that is both stimul | lating and | |
| | nurturing. Nearly 90% of Dartmouth undergraduates liv | | nd |
| | Dartmouth's diverse dining facilities are the hub of | many social | |
| | activities. Athletics at Dartmouth compliment the ov | | c and |
| | intellectual growth of Dartmouth students, with more | | |
| | undergraduates participating in at least one of the 3 | | ms, |
| | 35 club sports teams and several intramural leagues. | | |
| | facilities such as the Hanover Country Club, Dartmout | ch Skiway, and | |
| 4d | Other program services (Describe in Schedule O.) | | |

4e 532002 12-16-15

See Schedule O for Continuation(s) 2

including grants of \$ 1,044,709,554.

Total program service expenses

) (Revenue \$

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)? | | х | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | | 2 | Λ | |
| 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 | | Х |
| 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 | х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | · | | |
| Ŭ | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 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 | х | |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| | Schedule D, Part III | 8 | Х | |
| 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 | Х | |
| 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 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 | Х | |
| 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 | Х | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | | Х |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Λ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | x | |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | Λ | |
| ıza | Schedule D, Parts XI and XII | 12a | | х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | u | | |
| ~ | 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 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | |
| 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 | 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, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 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 | Х | |
| 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 | 000 | X |

Form 990 (2015) Trustees of Dartmouth College Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|------|--------------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | 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 | | | |
| | 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 | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 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 | Х | |
| 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 | Х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | l |
| | any tax-exempt bonds? | 24c | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | l |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | | l |
| | Schedule L, Part I | 25b | | X |
| 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," | | | ١ |
| | complete Schedule L, Part II | 26 | | X |
| 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 | | | 37 |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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): | | | v |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | v | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | - V | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | v | |
| | contributions? If "Yes," complete Schedule M | 30 | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | X |
| 00 | If "Yes," complete Schedule N, Part I | 31 | | Λ |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | X |
| 22 | Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 33 | х | |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | - 25 | |
| 34 | | 34 | х | |
| 250 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X | |
| | | 35a | - 22 | |
| 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 | х | |
| 26 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | |
| 36 | | 26 | Х | |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | -23 | |
| 37 | | 37 | | x |
| 38 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 30 | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | Motor Part of the 390 file to are required to complete our reduie of | _ 30 | 000 | (0045) |

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 | | | | | X |
|------------|--|---------|------------|----------|------------|-------------------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 2857 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | eportal | ole gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | Х | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 10462 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 3b | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other $$ | | · | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accour | nt)? | 4a | X | |
| b | If "Yes," enter the name of the foreign country: ► See Schedule 0 | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | | · · · | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | T | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribute | | - | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 7.7 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | | - t | 7a | X | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | T | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | _ | . , | |
| | to file Form 8282? | | . h | 7с | Х | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | 1 | _ | | v |
| _ | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | T | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the per | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997). | | T | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai | | 1 | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | х |
| ^ | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | $\stackrel{\Lambda}{=}$ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 00 | | Х |
| | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9a 9b | | X |
| | Section 501(c)(7) organizations. Enter: | | | 90 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10a | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | .00 | | | | |
| | Gross income from members or shareholders | 11a | | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| - | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | I | | | | |
| | 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 | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | Did the exemplation version on a property for indeed to mind on the division the territory | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | e O | | 14b | | |
| | | | | Form | 990 | (2015) |

532005 12-16-1 Form 990 (2015)

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 | | | |
| | 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. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 24 | : | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | | | | |
| | more members of the governing body? | 7a | | Х |
| 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 | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 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 | | Х |
| 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 | Х | |
| 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 | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | 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 | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NH, MA, CA, NY, OK | | | |
| 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) | availal | ole | |
| | 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 O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | icial | |
| | 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: | | | |
| | Controller's Office - 603-646-3011 | | | |
| | 7 Lebanon Street, Suite 302, Hanover, NH 03755 | | | |

Part VII 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

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.

| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
|-----------------------------------|------------------------|--------------------------------|--|---------|--------------|------------------------------|--------|----------------------|---------------------------|------------------------------|
| Name and Title | Average | | Position (do not check more than one box, unless person is both an | | | | | Reportable | Reportable | Estimated |
| | hours per week | | | | | is both an or/trustee) | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | ted | | organization | (W-2/1099-MISC) | from the |
| | related | stee c | rustee | | a) | pensa | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tru | ional t | | ploye | t com | | | | and related organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) Emily Bakemeier | 3.00 | = | = | 0 | ~ | Τ 60 | ш | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (2) Jeffrey Blackburn | 0.10 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (3) Gail Boudreaux | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (4) R. William Burgess, Jr | 3.00 | | | | | | | _ | _ | _ |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (5) James Coulter | 3.00 | ļ | | | | | | | | |
| Trustee | 2 00 | Х | | | | | | 0. | 0. | 0 |
| (6) Denise Dupre | 3.00 | ļ ,, | | | | | | | 0 | 0 |
| Trustee | 3.00 | Х | | | | | | 0. | 0. | 0 |
| (7) Gregg Engles | 3.00 | x | | | | | | 0. | 0. | 0 |
| Trustee (8) Elizabeth Fascitelli | 3.00 | ^ | | | | | | 0. | 0. | 0 |
| Trustee | 3.00 | x | | | | | | 0. | 0. | 0 |
| (9) Nathaniel Fick | 3.00 | 123 | | Н | | | | · · | <u> </u> | |
| Trustee | | X | | | | | | 0. | 0. | 0 |
| (10) Annette Gordon-Reed | 3.00 | | | | | | | - | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (11) Margaret Hassan | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (12) William Helman IV | 5.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (13) David Hodgson | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 |
| (14) Jeffrey Immelt | 3.00 | ļ | | | | | | | | |
| Trustee | | Х | | Ш | | | | 0. | 0. | 0 |
| (15) James Jackson | 0.10 | ۱ | | | | | | | | • |
| Trustee | 2.00 | Х | | Ш | | | | 0. | 0. | 0 |
| (16) S. Caroline Kerr | 3.00 | \ \ - | | | | | | | _ | • |
| Trustee | 2 00 | Х | _ | Щ | | \vdash | | 0. | 0. | 0 |
| (17) Richard Kimball | 3.00 | ₩. | | | | | | _ | 0. | ^ |
| Trustee | | Х | | | | | | 0. | U • | 6 Form 990 (201) |

532007 12-16-15

| Form 990 (2015) Trustees | | | | | | | | | 02-0222 | 111 Page 8 |
|---|--|--------------------------------|-----------------------|---------|---------------|------------------------------|----------|--|--------------------------------------|--|
| Part VII Section A. Officers, Directors, Tru | stees, Key Em | ploy | ees | , an | d Hi | ghe | st C | Compensated Employe | es (continued) | |
| (A) (B) | | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | not c | ss pe | more erson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (18) Morton Kondracke | 3.00 | | | | | | | _ | | _ |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (19) Mitchell Kurz | 3.00 | | | | | | | _ | | _ |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (20) Gregory Maffei | 3.00 | | | | | | | _ | | _ |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (21) Sherri Oberg | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (22) John Replogle | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (23) John Rich | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (24) Laurel Richie | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (25) Carlos Rodriguez-Pastor, Jr. | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (26) Steven Roth | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | ▶ | 0. | 0. | 0. |
| c Total from continuation sheets to Part \ | /II, Section A | | | | | | • | 11,439,035. | 0. | 942,082. |
| d Total (add lines 1b and 1c) | | | | | | | • | 11,439,035. | 0. | 942,082. |
| 2 Total number of individuals (including but compensation from the organization | | | | | | e) wł | no r | eceived more than \$100 | 0,000 of reportable | 974 |
| Compensation norm the organization | | | | | | | | | | Yes No |
| 3 Did the organization list any former office | r, director, or tru | uste | e, ke | ey er | mplo | yee | , or | highest compensated e | mployee on | |

line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual _____ 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| Engelberth Construction, Inc. | Construction and | |
| 428 Main Street, Keene, NH 03431 | general contractor | 12,809,707. |
| Dartmouth Hitchcock Medical Center | | |
| One Medical Center Drive, Lebanon, NH 03756 | Medical Research | 11,487,039. |
| Cigna, 900 Cottage Grove Road, Bloomfield, | Health Plan | |
| CT 06002 | Administration | 2,391,662. |
| Estes & Gallup, Inc. | Construction and | |
| | general contractor | 2,126,875. |
| Tod Williams Billie Tsien Architects, LLP | | |
| 222 Central Park South, New York, NY 10019 | Architects | 2,118,051. |
| 2 Total number of independent contractors (including but not limited to those lister | | |
| \$100,000 of compensation from the organization > 136 | | |

See Part VII, Section A Continuation sheets

| Form 990 Trustees | of Dart | cmo | out | :h | Co | <u>ΣΤ1</u> | Leç | ge | 02-022 | 2111 |
|--|--------------------------|-------------------------------|----------------------|---------|--------------|------------------------------|---------|--------------------|-----------------|------------------------------|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Eı | nplo | yee | s, a | nd l | ligh | est | Compensated Employ | ees (continued) | |
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | ı | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all t | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | ١ | | | | oyee | | the | organizations | compensation |
| | (list any | recto | | | | em pl | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordi | tee | | | sated | | (W-2/1099-MISC) | | organization |
| | related organizations | ruste | l frus | | ee Ge | npen | | | | and related organizations |
| | below | ndividual trustee or director | nstitutional trustee | L | mplo) | st cor | <u></u> | | | organizations |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) Erica Schultz | 0.10 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (28) Peggy Epstein Tanner | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 . |
| (29) Diana Taylor | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0. |
| (30) Benjamin Wilson | 3.00 | | | | | | | | | |
| Trustee | | Х | | | | | | 0. | 0. | 0 . |
| (31) Philip Hanlon | 40.00 | | | | | | | | | |
| President | | Х | | Х | | | | 1,001,088. | 0. | 250,128 |
| (32) Carolyn Dever | 40.00 | | | | | | | | | |
| Provost | | | | Х | | | | 688,208. | 0. | 95,682 |
| (33) Richard Mills | 39.90 | | | l | | | | 604.056 | • | 26 222 |
| EVP | 0.10 | | | Х | | | | 624,056. | 0. | 36,033 |
| (34) Michael Wagner | 39.50 | | | ,, | | | | 222 255 | 0 | 40 077 |
| CFO | 0.50 | | | Х | | | | 333,355. | 0. | 40,877 |
| (36) Duane Compton | 40.00 | | | | ν, | | | 420 005 | 0 | 27 420 |
| Interim Dean, Geisel | 40.00 | | | | Х | | | 439,005. | 0. | 37,430 |
| (37) Robert Donin | 40.00 | | | | х | | | 498,934. | 0. | 21 /0/ |
| General Counsel (38) Lisa Hogarty | 37.60 | | | | Δ | | | 430,334. | 0. | 31,494 |
| (36) Lisa Hogarty VP Campus Services | 2.40 | | | | х | | | 324,702. | 0. | 35,401 |
| (39) Robert Lasher | 40.00 | | | | ^ | | | 324,702. | 0. | 33,401 |
| Sr VP for Advancement | 40.00 | | | | Х | | | 514,936. | 0. | 30,169 |
| (40) Michael Mastanduno | 40.00 | | | | | | | 314,550. | 0. | 30,103 |
| Dean of Faculty | 40.00 | | | | x | | | 405,360. | 0. | 40,602 |
| (41) Pamela Peedin | 40.00 | | | | | | | 403,300. | • | 10,002 |
| Chief Investment Officer | | | | | х | | | 1,387,602. | 0. | 34,743 |
| (42) Paul Danos | 40.00 | | | | | | | | | 3 - 7 / - 3 |
| Dean Emeritus, Tuck School (eff 7/15) | | | | | | х | | 764,705. | 0. | 35,237 |
| (43) Sydney Finkelstein | 40.00 | | | | | | | , , , | - | , |
| Professor of Management | | | | | | Х | | 777,288. | 0. | 39,056 |
| (44) Richard Freeman Jr. | 40.00 | | | | | | | | | - |
| Fmr Chair,Dept of Surgery | | 1 | | | | Х | | 710,107. | 0. | 36,669 |
| (45) Alan Green | 40.00 | | | | | | | | | |
| Chair, Department of Psychiatry | | L | <u></u> | L | L | Х | L | 679,297. | 0. | 32,458 |
| (46) Michael Sullivan | 40.00 | | | | | | | | | |
| Managing Director, Investment Office | | L | L | | L | Х | L | 644,903. | 0. | 37,853 |
| (47) Martin Wybourne | 40.00 | | | | | | | | | |
| Sr. Vice Prov Rsrch; Fm Interim Prov | | | | | | | Х | 371,377. | 0. | 28,632 |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |
| | | | | | | | | | | |

| Form 990 Trustees | of Dart | cmc | out | :n | CC | 1 | Leç | je – | 02-022 | Z111 |
|--|---|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key Er | nplo | oyee | s, a | nd F | ligh | est | Compensated Employ | ees (continued) | |
| (A) Name and title | (B) Average hours | (cl | | Pos | | ı app | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (50) William Green Prof & Former Dean, Geisel | 40.00 | | | | | | х | 367,795. | 0. | 25,194 |
| (51) Ann Root Keith | 40.00 | | | | | | 22 | 301,133. | 0. | 25,154 |
| COO Advancement; Fmr Interim Sr VP | | | | | | | х | 263,221. | 0. | 39,071 |
| (52) Wiley Souba | 40.00 | | | | | | | | | |
| Prof & Fmr Dean,Geisel | | | | | | | Х | 643,096. | 0. | 35,353 |
| | | | | | | | | | | |
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Form 990 (2015) Trustee
Part VIII | Statement of Revenue

| 1 4 | | | Check if Schedule O cont | ains a re | enonse | or note to any lir | ne in this Part VIII | | | |
|--|----|--------|---|--------------|--------|-------------------------|----------------------|--|---|--|
| | | | Orleck ii Ochedule O Cont | aii i 3 a 16 | эропзе | or note to any iii | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 | а | Federated campaigns | | 1a | | | | | |
| irar | | b | Membership dues | | 1b | | | | | |
| Ym, G | | | Fundraising events | | 1c | 70,407. | | | | |
| ifts ar / | | | Related organizations | | 1d | <u> </u> | | | | |
| s, G mila | | | Government grants (contribut | | | 139,473,971. | | | | |
| Sil | | | All other contributions, gifts, gran | , | | | | | | |
| her | | • | similar amounts not included above | | 1f | 249,678,083. | | | | |
| O를 다 | | | | | | 46,055,397. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | _ | Noncash contributions included in lines | | | | 389,222,461. | | | |
| 0 8 | | n | Total. Add lines 1a-1f | | | | , , | | | |
| • | _ | _ | Tuition and Fees | | | Business Code 611600 | | 252 120 002 | | |
| /ice | | | Auxiliary Service | | | | 353,139,903. | · · · | F 210 204 | |
| ne ne | | | | | | 611710 | 76,081,069. | 70,762,775. | 5,318,294. | |
| m S | | _ | Medical Related | | | 611600 | 45,827,951. | · · · | 105.050 | |
| gra Re | | - | All other | _ | | 611600 | 20,994,108. | | 405,258. | |
| Program Service Revenue | | _ | Other Education Related | | | 611600 | 16,265,566. | 16,262,066. | 3,500. | |
| ъ. | | f | All other program service reve | | | | 540 200 505 | | | |
| | _ | g | Total. Add lines 2a-2f | | | | 512,308,597. | | | |
| | 3 | | Investment income (including | | | • | 50 456 544 | | 1 500 116 | -4 206 260 |
| | | | other similar amounts) | | | | 53,176,514. | | 1,780,146. | 51,396,368. |
| | 4 | | Income from investment of tax | | - | | | | | |
| | 5 | | Royalties | | | | 3,368,377. | | | 3,368,377. |
| | | | | (i) F | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 24,99 | | | | | | |
| | | b | Less: rental expenses | 19,21 | | | | | | |
| | | С | Rental income or (loss) | 5,77 | 5,912. | | | | | |
| | | d | Net rental income or (loss) | | | <u></u> | 5,775,912. | | 203,045. | 5,572,867. |
| | 7 | а | Gross amount from sales of | (i) Sec | | (ii) Other | | | | |
| | | | assets other than inventory 4, | 669,78 | 9,681. | 28,233. | | | | |
| | | b | Less: cost or other basis | | | | | | | |
| | | | and sales expenses4, | 444,53 | 7,880. | 0. | | | | |
| | | С | Gain or (loss) | 225,25 | 1,801. | 28,233. | | | | |
| | | d | Net gain or (loss) | | | <u></u> | 225,280,034. | | 13,543,553. | 211,736,481. |
| anne | 8 | а | Gross income from fundraising including \$ 70 | • | • | | | | | |
| eve | | | contributions reported on line | 1c). See | | | | | | |
| ت R | | | Part IV, line 18 | - | | 179,041. | | | | |
| Other Revenu | | b | Less: direct expenses | | | 59,966. | | | | |
| 0 | | | Net income or (loss) from fund | | | | 119,075. | | | 119,075. |
| | | | Gross income from gaming ac | _ | | | | | | |
| | | | Part IV, line 19 | | | | | | | |
| | | b | Less: direct expenses | | | | | | | |
| | | | Net income or (loss) from gam | | | | | | | |
| | | | Gross sales of inventory, less | | | | | | | |
| | | - | and allowances | | а | | | | | |
| | | h | Less: cost of goods sold | | | | | | | |
| | | | Net income or (loss) from sale | | | | | | | |
| | | Ť | Miscellaneous Revenu | | | Business Code | | | | |
| | 11 | a | Split interest distrib | | | 525920 | 7,395,631. | | | 7,395,631. |
| | •• | a b | Other revenue | | | 900099 | 137,486. | | | 137,486. |
| | | C | | | | | == /, 250. | | | |
| | | | All other revenue | | | | | | | |
| | | | All other revenue Total. Add lines 11a-11d | | | | 7,533,117. | | | |
| | 12 | U | Total revenue. See instructions. | | | | 1,196,784,087. | 506 581 545. | 21,253,796. | 279 726 285. |

532009 12-16-15

Part IX Statement of Functional Expenses

| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | |
|------|--|-----------------------|--------------------------------------|--|---------------------------------------|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, 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 | 757,755. | 757,755. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | 153,703,512. | 153,703,512. | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | 3,855,913. | 3,855,913. | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | 6,888,811. | 1,031,977. | 5,293,183. | 563,651. | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 1,910,865. | 1,062,833. | 431,465. | 416,567. | | | | | |
| 7 | Other salaries and wages | 449,385,931. | 376,914,905. | 47,825,125. | 24,645,901. | | | | | |
| 8 | Pension plan accruals and contributions (include | 24 224 225 | 05 004 005 | | 4 868 | | | | | |
| | section 401(k) and 403(b) employer contributions) | 31,301,600. | 25,831,823. | 3,702,341. | 1,767,436. | | | | | |
| 9 | Other employee benefits | | 26,329,506. | | | | | | | |
| 10 | Payroll taxes | 25,864,559. | 21,193,030. | 3,183,444. | 1,488,085. | | | | | |
| 11 | Fees for services (non-employees): | F 44 04 0 | 500 016 | | 0 000 | | | | | |
| а | Management | 541,219. | 539,216. | 1 500 040 | 2,003. | | | | | |
| | 3 | 1,901,056. | 102,808. | 1,798,248. | 10 000 | | | | | |
| С | Accounting | 658,363. | 15,312. | 633,051. | 10,000. | | | | | |
| d | Lobbying | 32,270. | | 32,270. | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | F 040 C00 | | F 040 C00 | | | | | | |
| f | Investment management fees | 5,849,690. | | 5,849,690. | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) | 91,019,804. | 84,356,650. | 3,408,556. | 3,254,598. | | | | | |
| 12 | Advertising and promotion | 1,873,788. | | 86,183. | 56,881. | | | | | |
| 13 | Office expenses | 22,464,424. | 18,965,278. | 1,005,159. | 2,493,987. | | | | | |
| 14 | Information technology | 15,693,656. | 6,464,869. | 8,817,112. | 411,675. | | | | | |
| 15 | Royalties | 642,356. | | 2,224. | | | | | | |
| 16 | Occupancy | 45,474,531. | 42,198,630. | 3,070,127. | 205,774. | | | | | |
| 17 | Travel | 27,692,850. | 24,583,260. | 1,309,236. | 1,800,354. | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 2,366,646. | | 142,380. | 81,683. | | | | | |
| 20 | Interest | 48,609,499. | 44,101,471. | 4,485,050. | 22,978. | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 66,581,965. | 61,772,620. | 4,512,394. | 296,951. | | | | | |
| 23 | Insurance | 1,180,019. | 168,231. | 984,251. | 27,537. | | | | | |
| 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 0.) | | | | | | | | | |
| а | Geisel Restructuring Ex | 53,458,498. | 53,458,498. | | | | | | | |
| b | Other expenses | 46,168,624. | | 3,747,340. | 956,049. | | | | | |
| C | Net loss on Extinguishm | 31,731,563. | 30,823,603. | 892,800. | 15,160. | | | | | |
| d | Purchase for resale | 20,556,737. | 20,499,180. | 51,144. | 6,413. | | | | | |
| | All other expenses | | -,, | | -,-= | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,191,229,177. | 1,044,709,554. | 105,851,156. | 40,668,467. | | | | | |
| 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) | | | | | | | | | |
| | ,g (| • | | | F 000 (0015) | | | | | |

Form 990 (2015) Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | | | |
|---------------|----------------|--|----------------------------------|--------------------------------|----------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 16,210,449. | 1 | 8,346,640. | |
| | 2 | Savings and temporary cash investments | | | 271,237,986. | 2 | 198,534,394. |
| | 3 | Pledges and grants receivable, net | | | 186,371,870. | 3 | 229,503,134. |
| | 4 | Accounts receivable, net | 26,113,844. | 4 | 28,108,934. | | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensa | | | | | |
| | | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| ম | | section 4958(f)(1)), persons described in section | 4958(| c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | ion 50 | 1(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). | | 6 | | | |
| Assets | 7 | Notes and loans receivable, net | | | 80,252,957. | 7 | 82,793,156. |
| ğ | 8 | Inventories for sale or use | | | 2,780,465. | 8 | 2,488,768. |
| | 9 | Prepaid expenses and deferred charges | | | 12,899,590. | 9 | 19,473,032. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,790,123,664. 835,201,389. | | | |
| | b | Less: accumulated depreciation | 10b | 835,201,389. | 968,902,086. | 10c | 954,922,275. |
| | 11 | Investments - publicly traded securities | | | 1,571,548,549. | 11 | 1,472,363,629. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 4,107,214,260. | 12 | 4,197,217,130. |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | 3,418,272. | 14 | 2,292,116. | | |
| | 15 | Other assets. See Part IV, line 11 | | | 18,488,837. | 15 | 60,036,605. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line (| 34) | 7,265,439,165. | 16 | 7,256,079,813. |
| | 17 | Accounts payable and accrued expenses | 64,112,375. | 17 | 98,204,585. | | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 42,522,931. | 19 | 41,047,680. |
| | 20 | Tax-exempt bond liabilities | | | 533,739,998. | 20 | 545,064,999. |
| | 21 | Escrow or custodial account liability. Complete I | | | 50,668,620. | 21 | 49,526,886. |
| es | 22 | Loans and other payables to current and former | | | | | |
| Liabilities | | key employees, highest compensated employee | | | | | |
| jab | | Complete Part II of Schedule L | | | 48 568 500 | 22 | 46 064 011 |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 47,567,583. | 23 | 46,064,811. |
| | 24 | Unsecured notes and loans payable to unrelated | | | 512,600,000. | 24 | 656,300,000. |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | · · | 699,908,927. | | 006 565 636 |
| | | Schedule D | | | | 25 | 806,565,636. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,951,120,434. | 26 | 2,242,774,597. |
| | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | ck nere 🚩 🔼 and | | | |
| Ses | 07 | | | | 1 200 045 770 | 07 | 1 000 002 702 |
| lan | 27 | Unrestricted net assets | 1,298,045,779. 2,772,957,507. | 27 28 | 1,090,902,792. 2,570,505,674. | | |
| Fund Balances | 28 | Temporarily restricted net assets Permanently restricted net assets | 1,243,315,445. | 28 | 1,351,896,750. | | |
| Pun | 29 | Organizations that do not follow SFAS 117 (A | 1,243,313,443. | 29 | 1,331,030,730. | | |
| | | | | | | | |
| Net Assets or | 30 | and complete lines 30 through 34. Capital stock or trust principal, or current funds | | | | 30 | |
| Se | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 31 | |
| t As | 31 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| Š | 33 | Total net assets or fund balances | | | 5,314,318,731. | 33 | 5,013,305,216. |
| | 34 | Total liabilities and net assets/fund balances | | | 7,265,439,165. | 34 | 7,256,079,813. |
| | J 4 | Total liabilities and het assets/fullu balafices | | | ,,200,400,100. | J4 | 7,230,073,013. |

| orm | 1990 (2015) Trustees of Dartmouth College | 02 | -0222 | 111 | Pag | ge 12 |
|-----|--|--------|-------|-----|-----|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | 1 106 | | 4 0 | 0.17 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1,196 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 1,191 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,55 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 5,314 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -338 | ,24 | 9,4 | 93. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 31 | ,68 | 1,0 | 68. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 5,013 | ,30 | 5,2 | 16. |
| Pa | rt 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 | Ο. | _ | | | |
| 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 | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| 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 separat | e bas | is, | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis X 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 | e aud | it, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | | |
| _ | Act and OMB Circular A-133? | - | | За | Х | |
| | | | | | | |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Trustees of Dartmouth College

Employer identification number 02-0222111

| Pa | rt I | Reason for Public | Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | | | | |
|-------------|--------|---|-------------------------|---|--------------------|---------------------|---------------------------------------|-------------------------|--|--|--|
| The o | organi | ization is not a private found | ation because it is: | (For lines 1 through 11, o | check only | one box.) | | | | | |
| 1 | | A church, convention of ch | urches, or association | on of churches describe | d in sectio | n 170(b)(1 | I)(A)(i). | | | | |
| 2 | X | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 9 | 90-EZ).) | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 4 | | A medical research organiz | | | | | | the hospital's name. | | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | |
| - | | · · | | g | | , 9 | | | | | |
| 6 | | section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | |
| 7 | 一 | An organization that norma | · · | | | | • • | nublic described in | | | |
| • | | section 170(b)(1)(A)(vi). (C | • | artial part of its support | ioni a gov | ommonia | anic or nom the general | pasile accombed in | | | |
| 8 | | A community trust describe | • | (1)(A)(vi) (Complete Par | + 11) | | | | | | |
| 9 | Ħ | An organization that norma | | | | contribution | one membershin fees a | and aross receints from | | | |
| Ŭ | | activities related to its exen | • | • | • | | | • | | | |
| | | income and unrelated busin | | • | | | | • | | | |
| | | See section 509(a)(2). (Con | | (1000 000tion on reax) ii | om baome | ooco doqu | med by the organization | artor dario do, 1070. | | | |
| 10 | | An organization organized a | . , | ively to test for public sa | afety See | section 50 | 19(a)(4) | | | | |
| 11 | 一 | An organization organized a | • | • | • | | | e purposes of one or | | | |
| •• | | more publicly supported or | • | · · · | - | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | lines 11a through 11d that | ~ | | | | | orioon and box in | | | |
| а | | Type I. A supporting orga | | | | • | | , aivina | | | |
| - | | the supported organization | • | • | | | | | | | |
| | | organization. You must o | | * * | a majority | or tino an o | | apporting | | | |
| b | | Type II. A supporting org | - | | tion with it | s supporte | ed organization(s) by ha | ivina | | | |
| - | | control or management of | · · | | | | | • | | | |
| | | organization(s). You mus | | | arrio peroc | ono that oc | milior of manage the out | portod | | | |
| c | | Type III functionally inte | = | | in connec | tion with a | and functionally integrate | ed with | | | |
| · | | its supported organizatio | | | | | • • | od Willi, | | | |
| d | | Type III non-functionally | | | | | | zation(s) | | | |
| _ | | that is not functionally int | | | | | • • • • • • | | | | |
| | | requirement (see instruct | - | | • | | | | | | |
| е | | Check this box if the orga | • | - | | | | | | | |
| _ | | functionally integrated, or | | | | | | | | | |
| f | Ente | r the number of supported of | • • | , | | | | | | | |
| q | | ride the following information | | | | | | | | | |
| | - | Name of supported | (ii) EIN | (iii) Type of organization | | | (v) Amount of monetary | (vi) Amount of | | | |
| | | organization | | (described on lines 1-9 above (see instructions)) | governing of | n your document? | support (see | other support (see | | | |
| | | | | above (see instructions)) | Yes | No | instructions) | instructions) | | | |
| | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | 71 | · · | , | | | |
|------|--|-------------------------|-----------------------|------------------------|---------------------------------------|----------------------|--------------|
| | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gifts, grants, contributions, and | , | , | , | , | , | () |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 332,464,631. | 333,926,852. | 328,376,339. | 376,972,265. | 389,222,461. | 1760962548. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 332,464,631. | 333,926,852. | 328,376,339. | 376,972,265. | 389,222,461. | 1760962548. |
| 5 | The portion of total contributions | | | | | | _ |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| _6 | Public support. Subtract line 5 from line 4. | | | | | | 1760962548. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 7 | Amounts from line 4 | 332,464,631. | 333,926,852. | 328,376,339. | 376,972,265. | 389,222,461. | 1760962548. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 83,590,566. | 77,282,857. | 72,389,012. | 76,467,488. | 79,292,998. | 389,022,921. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | 15,407,679. | 7,751,255. | 24,132,825. | 0. | 47,291,759. |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 7,137,463. | 4,346,678. | 5,368,452. | 1,845,165. | 7,652,192. | 26,349,950. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2223627178. |
| 12 | Gross receipts from related activities, | | | | | | ,131,054. |
| 13 | First five years. If the Form 990 is for | · · | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) | |
| 804 | organization, check this box and stop ction C. Computation of Publ | | roontago | | | | <u></u> |
| | · | | | . (0) | | | 79.19 % |
| | Public support percentage for 2015 (| | | | | 14 | <u> </u> |
| | Public support percentage from 2014 | | | | | 15 | |
| Iba | 33 1/3% support test - 2015. If the content have The experience qualifies | | | | | | |
| h | stop here. The organization qualifies33 1/3% support test - 2014. If the organization | | | | | | |
| L. | and stop here. The organization qual | | | | | | |
| 170 | 10% -facts-and-circumstances tes | | | | | | |
| 17 a | and if the organization meets the "fac | | | | | | |
| | - | | | | · · · · · · · · · · · · · · · · · · · | - | |
| h | meets the "facts-and-circumstances" 10% -facts-and-circumstances tes | | | | | | |
| Ď. | more, and if the organization meets the | _ | | | | | |
| | organization meets the "facts-and-cire | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| | Tivate louridation. If the organization | an alla flot officer\ a | 557 OH III G 10, 100 | a, 100, 17a, 01 17k | , or rook it its DOX 8 | ina see manacidellon | · |

Schedule A (Form 990 or 990-EZ) 2015

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | | | |
|------|--|--------------------------|-----------------------|------------------------|---------------------|---------------------|-----------|--|--|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (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 per- | | | | | | | | |
| | formed, or facilities furnished in | | | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | | | |
| 3 | Gross receipts from activities that | | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | | |
| | iness under section 513 | | | | | | | | |
| 4 | | | | | | | | | |
| - | ization'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 | | | | | | | | |
| | a Amounts included on lines 1, 2, and | | | | | | | | |
| , , | 3 received from disqualified persons | | | | | | | | |
| ŀ | Amounts included on lines 2 and 3 received | | | | | | | | |
| • | from other than disqualified persons that | | | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | | | |
| | amount on line 13 for the year | | | | | | | | |
| | Add lines 7a and 7b | | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | | | |
| | · | (=) 0011 | (h) 0010 | (=) 0010 | (4) 001 4 | (-) 0015 | (6) Tatal | | |
| | endar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total | | |
| | Amounts from line 6 Gross income from interest, | | | | | | | | |
| 10 | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | |
| | and income from similar sources | | | | | | | | |
| t | Unrelated business taxable income | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | |
| | acquired after June 30, 1975 | | | | | | | | |
| | Add lines 10a and 10b | | | | | | | | |
| " | Net income from unrelated business activities not included in line 10b, | | | | | | | | |
| | whether or not the business is | | | | | | | | |
| 40 | regularly carried on | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) organiz | zation, | | |
| _ | check this box and stop here | | | | | | <u></u> | | |
| | ction C. Computation of Publ | | | | | | | | |
| 15 | Public support percentage for 2015 (| line 8, column (f) d | livided by line 13, o | column (f)) | | 15 | <u>%</u> | | |
| | Public support percentage from 2014 | | | | | 16 | % | | |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | | | |
| 17 | 7 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | a 33 1/3% support tests - 2015. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line | 17 is not | | |
| | more than 33 1/3%, check this box a | nd stop here. The | e organization qual | ifies as a publicly | supported organiz | ation | ▶□ | | |
| ŀ | 33 1/3% support tests - 2014. If the | | | | | | and | | |
| | line 18 is not more than 33 1/3%, che | | | | | | | | |
| 20 | Private foundation. If the organization | | | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Pa | t IV Supporting Organizations (continued) | | | |
|-----|--|----------|-----|----------|
| | (donumod) | | 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 | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | 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 | | |
| | tion 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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | <u> </u> |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | 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 | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | <u> </u> |
| 360 | tion b. 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 | | res | NO |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): | | | |
| а | 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 inst | ructions | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | <u> </u> | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| | 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 <i>Part VI</i> . | 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 | | |

| Pai | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Orga | anizations | · · | | | | | |
|------|---|-----------|------------------------------|--------------------------------|--|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All | | | | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | Sections A through E. | | | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 | Net short-term capital gain | 1 | | | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | | | | |
| | collection of gross income or for management, conservation, or | | | | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | | | | |
| _7 | Other expenses (see instructions) | 7 | | | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | | | | |
| Sect | ion 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): | | | | | | | | |
| а | Average monthly value of securities | 1a | | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | | |
| е | 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 | | | | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | | | |
| | emergency temporary reduction (see instructions) | 6 | | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functionall | y-integra | ated Type III supporting org | ganization (see | | | | | |
| | instructions). | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2015

| ı aı | Type in Non-Functionally integrated 509 | (a)(3) Supporting Orga | anizations (continued) | |
|-------|--|-------------------------------|------------------------|-----------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | IS | | |
| 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. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | 9 | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| O 4: | - Distribution Allegations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| secti | on E - Distribution Allocations (see instructions) | | Pre-2015 | Amount for 2015 |
| 1 | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2015 distributable amount | | | |
| i | Carryover from 2010 not applied (see instructions) | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2015 from Section D, | | | |
| | line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| | Applied to 2015 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2015, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h | | | |
| | and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |

Schedule A (Form 990 or 990-EZ) 2015

| 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.) | | | | | | | | |
|--|---------|-------|--------|--------|------|-------|----------|----------------|
| Part | II, Lin | • | | | | | | |
| Other | income | consi | sts of | income | from | split | interest | distributions, |
| | | | | | | | income. | |
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • | Section 501(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
|----|---|---------------------------------------|----------------------------|----------------------------|---|
| | ne of organization | Empl | oyer identification number | | |
| | Trustee | s of Dartmouth Co | llege | | 02-0222111 |
| Pa | art I-A Complete if the org | ganization is exempt unde | er section 501(c) | or is a section 527 o | rganization. |
| | | | | | |
| | Provide a description of the organization | | | | |
| | Political expenditures | | | | |
| 3 | Volunteer hours | | | | |
| Pa | art I-B Complete if the org | panization is exempt unde | er section 501(c)(ເ | 3). | |
| | Enter the amount of any excise tax | | | | |
| 2 | Enter the amount of any excise tax | incurred by organization manager | rs under section 4955 | ▶\$ | |
| 3 | If the organization incurred a section | on 4955 tax, did it file Form 4720 fo | or this year? | | Yes No |
| | Was a correction made? | | | | |
| | If "Yes," describe in Part IV. | | | | |
| Pa | art I-C Complete if the org | ganization is exempt unde | er section 501(c), | except section 501(| c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for sec | tion 527 exempt functi | on activities > \$ | |
| 2 | Enter the amount of the filing organ | nization's funds contributed to other | er organizations for se | ction 527 | |
| | exempt function activities | | | ▶\$ | |
| 3 | Total exempt function expenditures | | | | |
| | line 17b | | | ▶\$ | |
| 4 | Did the filing organization file Form | | | | |
| | | | | | |
| | made payments. For each organiza | | | | |
| | contributions received that were pr | omptly and directly delivered to a | separate political orga | nization, such as a separa | te segregated fund or a |
| | political action committee (PAC). If | additional space is needed, provide | de information in Part I | V. | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | . , | | | filing organization's | contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

| Sched | dule C (Form 990 or 990-EZ) 2015 | Trust | ees of | Dartmouth | College | 02-0 |)222111 Page 2 |
|---|---|-----------------|--------------------------|---------------------------|---|--|-----------------------------|
| | t II-A Complete if the org | ganizatio | n is exe | mpt under sectio | n 501(c)(3) and fil | ed Form 5768 (| election under |
| | section 501(h)). | | | | | | |
| A Ch | neck 🕨 📖 if the filing organiza | tion belon | gs to an affi | liated group (and list ir | n Part IV each affiliated | group member's nar | ne, address, EIN, |
| | expenses, and sha | re of exces | s lobbying | expenditures). | | | |
| B Ch | neck 🕨 📖 if the filing organiza | tion check | ed box A ar | nd "limited control" pro | ovisions apply. | | i |
| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | | | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to infl | uence pub | lic opinion (| grass roots lobbying) | | | |
| | Total lobbying expenditures to infl | | | | | | |
| С | Total lobbying expenditures (add I | ines 1a and | d 1b) | | | | |
| | Other exempt purpose expenditur | | | | | | |
| е | Total exempt purpose expenditure | es (add line | s 1c and 1c | d) | | | |
| f_ | Lobbying nontaxable amount. Ent | er the amo | unt from the | e following table in bot | h columns. | | |
| L | If the amount on line 1e, column (a) | or (b) is: | The lob | bying nontaxable am | ount is: | | |
| L | Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| L | Over \$500,000 but not over \$1,00 | 0,000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| L | Over \$1,000,000 but not over \$1,5 | 500,000 | \$175,00 | 0 plus 10% of the exc | ess over \$1,000,000. | | |
| L | Over \$1,500,000 but not over \$17 | ,000,000 | \$225,00 | 0 plus 5% of the exce | ss over \$1,500,000. | | |
| L | Over \$17,000,000 | | \$1,000, | 000. | | | |
| | | | | | | | |
| _ | Grassroots nontaxable amount (er | | , | | | | |
| | Subtract line 1g from line 1a. If zer | | | | | | |
| | Subtract line 1f from line 1c. If zero | | | | | | |
| j | If there is an amount other than ze | | r line 1h or | line 1i, did the organiza | ation file Form 4720 | | ¬., ¬ |
| | reporting section 4911 tax for this | • | | | | | Yes No |
| | (Some organizations t | hat made See | a section 5 the separ | ate instructions for li | have to complete all nes 2a through 2f.) | of the five columns l | pelow. |
| | | Lobk | ying Expe | nditures During 4-Yea | ar Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2 | 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| с | Total lobbying expenditures | | | | | | |
| d | Grassroots nontaxable amount | | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 Trustees of Dartmouth College 02-022211 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (a |) | (b | o) |
|------------|--|-----------------|--------------|------------|------------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | 37 | | |
| | Volunteers? | v | X | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Х | Х | | |
| | Media advertisements? | х | ^ | | |
| | Mailings to members, legislators, or the public? | Λ | X | | |
| | Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? | Х | 21 | 32 | 2,270. |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | 3,345. |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | ,,,,,,,, |
| | Other activities? | | X | | |
| | Total. Add lines 1c through 1i | | | 45 | 615. |
| | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | Х | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | rt III-A Complete if the organization is exempt under section 501(c)(4), section | n 501(c) | (5), or se | ction | |
| | 501(c)(6). | | | | |
| | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | ne 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | | | | |
| 2 | expenses for which the section 527(f) tax was paid). | aı | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | | | |
| | Total | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | |
| - | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | | |
| | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| | rt IV Supplemental Information | | | | - |
| Prov | ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II- | A, lines 1 a | and 2 (see | |
| | uctions); and Part II-B, line 1. Also, complete this part for any additional information. | • | | | |
| Pai | rt II-B, Line 1, Lobbying Activities: | | | | |
| | | | | | |
| Tes | stimony was delivered to various committees of the | State | of Ne | W | |
| | | | | | |
| Har | mpshire Legislature for matters concerning higher e | ducati | on. | | |
| | | | | | |
| | | | | | |
| _ | in a sith madino and allege mains in the state of | _ 1_1 ' | _ e' | J | |
| <u>JO:</u> | ined with NACUBO and other universities to hire a lo | nıyaaa | g Iir | m to | |
| W-0.7 | rk on amendments to the Commodity Exchange Act that | are o | f con | cern + | . 0 |
| wO] | IN OH amendments to the commodity Exchange Act that | | | |)-EZ) 2015 |
| 53204 | 2 | Julieuul | | 220 01 23(| 12013 |

10-05-15

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Trustees of Dartmouth College

Employer identification number 02-0222111

| Pai | t I Organizations Maintaining Donor Advise | <u> </u> | or Accou | unts.Complete if the |
|-----|---|--|----------------|----------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lir | | | ! |
| | , , | (a) Donor advised funds | (b) Fur | nds and other accounts |
| 1 | Total number at end of year | 29 | | |
| 2 | Aggregate value of contributions to (during year) | 14,493,657. | | |
| 3 | Aggregate value of grants from (during year) | 4,448,894. | | |
| 4 | Aggregate value at end of year | 33,988,831. | | |
| 5 | Did the organization inform all donors and donor advisors in | | ed funds | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | X Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors 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 of | conferring | |
| | | | | |
| Pai | t II Conservation Easements. Complete if the or | ganization answered "Yes" on Form 990, P | art IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organizat | ion (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or | education) | rically impo | rtant land area |
| | Protection of natural habitat | Preservation of a certification | fied historic | structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form of | of a conserv | ation 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 | | | | |
| | Number of conservation easements on a certified historic str | | | |
| d | Number of conservation easements included in (c) acquired | | | |
| _ | listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | organizatio | n during the tax |
| | year > | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the pe | | | |
| | violations, and enforcement of the conservation easements | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | , nandling of violations, and emorcing cons | ervation eas | sements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and onforcing consorvat | ion oacomo | nte during the year |
| • | \$\\$\$ \$\$ | ding of violations, and emorcing conservat | ion cascine | into during the year |
| 8 | Does each conservation easement reported on line 2(d) abor | ve satisfy the requirements of section 1700 | h)(4)(R)(i) | |
| Ū | and section 170(h)(4)(B)(ii)? | • | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | | | |
| | include, if applicable, the text of the footnote to the organiza | | | |
| | conservation easements. | | Ü | Ŭ |
| Pai | t III Organizations Maintaining Collections o | of Art, Historical Treasures, or Ot | her Simil | ar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue statem | ent and bal | ance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtherar | nce of public | service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | ribes these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | SC 958), to report in its revenue statement | and balance | e sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of pub | olic service, | provide the following amounts |
| | relating to these items: | | | |
| | (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 tre | easures, or other similar assets for financial | gain, provid | le |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) relating to these items: | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | |
| b | Assets included in Form 990, Part X | | | \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

| | edule D (Form 990) 2015 | Trustees | | | | | | | | 2111 | | ıge 2 |
|----------|---|--------------------------|--------------------|------------|------------------|----------------|---------------|-------------|-------------|----------------|---------|--------------|
| Par | rt III Organization | | | _ | | | | | | • | | |
| 3 | Using the organization's | acquisition, accession, | , and other record | ds, check | any of the | following that | are a sign | ificant use | of its c | ollection | items | 3 |
| | (check all that apply): | | | | | | | | | | | |
| а | X Public exhibition | | d | | | hange progra | ms | | | | | |
| b | | | е | • 📖 | Other | | | | | | | |
| С | X Preservation for fu | - | | | | | | | | | | |
| 4 | Provide a description of | | | | | | | | in Part | XIII. | | |
| 5 | During the year, did the | • | | | | • | | | | | | 1 |
| <u> </u> | to be sold to raise funds | | | | | | | | | Yes | | No |
| Par | rt IV Escrow and 0 | _ | · | ete if the | organizatio | n answered " | Yes" on Fo | rm 990, Pa | art IV, lii | ne 9, or | | |
| | | unt on Form 990, Part X | | | | | | | | | | |
| та | Is the organization an ag | | | | | | | | | V | X | 1 |
| | on Form 990, Part X? | | | | | | | | Ш | Yes | Λ | NO |
| b | If "Yes," explain the arra | ngement in Part XIII and | a complete the fo | ollowing t | able: | | | | | A t | | |
| | De sincia a beleve | | | | | | | 4- | / | Amount | | |
| | Beginning balance | | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | 1d 1e | | | | |
| | Distributions during the | | | | | | | 1f | | | | |
| | Ending balanceDid the organization incl | | | | | | | | Х | Yes | | No |
| | If "Yes," explain the arra | | | | | | - | • | | | Х | |
| | | Funds. Complete if th | | | | | | | | | | |
| | | · · · | a) Current year | | rior year | (c) Two years | | Three years | s back | (e) Four v | /ears t | back |
| 1a | Beginning of year balance | - : | ,663,491,080. | | | | | 486,383, | | | | |
| | Contributions | | 119,094,796. | | ,579,814. | | | 34,505, | | | 905, | |
| | Net investment earnings | | -99,549,524. | | ,916,940. | | ,327. | 404,762, | | 197, | | |
| | Grants or scholarships | · • · · — | 46,798,620. | 47 | ,674,135. | 42,660 | | 42,144, | | 41, | 034, | 271. |
| | Other expenditures for fa | | | | | | | | | | | |
| | and programs | | 161,834,083. | 166 | ,551,228. | 148,159 | ,464. | 149,910, | ,058. | 144, | 194, | 276. |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | 4 | ,474,403,649. | 4,663 | ,491,080. | 4,468,219 | ,690. 3, | 733,596, | 412. | 3,486, | 383, | 419. |
| 2 | Provide the estimated pe | ercentage of the curren | it year end baland | ce (line 1 | g, column (a | i)) held as: | | | | | | |
| а | Board designated or qua | | 24.45 | _% | | | | | | | | |
| b | Permanent endowment | | % | | | | | | | | | |
| С | Temporarily restricted er | ndowment ► 46. | <u>80</u> % | | | | | | | | | |
| | The percentages on line | s 2a, 2b, and 2c should | l equal 100%. | | | | | | | | | |
| 3а | Are there endowment fu | nds not in the possessi | ion of the organiz | ation tha | it are held a | nd administer | ed for the | organizatio | on | _ | | |
| | by: | | | | | | | | | | Yes | No |
| | (i) unrelated organization | ons | | | | | | | | 3a(i) | _ | <u>X</u> |
| | (ii) related organizations | | | | | | | | | 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are | the related organizatio | ns listed as requi | red on S | chedule R? | | | | | 3b | | |
| 4 | Describe in Part XIII the | | | owment f | funds. | | | | | | | |
| Pai | | gs, and Equipme | | o D | , n . | | 5 12 " | 40 | | | | |
| | | rganization answered " | 1 | | | 1 | | | | | | |
| | Description of | property | (a) Cost or o | | (b) Cost | | | imulated | (| d) Book | value | ; |
| | | | basis (investr | nent) | basis (| otner) | depre | ciation | 10 | 150 | 1 - | 77 |

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value | |
|------|---|--------------------------------------|---------------------------------|------------------------------|----------------|--|
| 1a | Land | | 19,158,177. | | 19,158,177. | |
| b | Buildings | | 1,283,308,702. | 510,801,342. | 772,507,360. | |
| С | Leasehold improvements | | | | | |
| d | Equipment | | 339,917,541. | 241,556,330. | | |
| e | Other | | 147,739,244. | 82,843,717. | 64,895,527. | |
| Tota | Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 954,922,2 | | | | | |

| Part VII | Investments - | Other | Securities. |
|----------|---------------|-------------------------|-------------|

| Complete if the examination engagered "Vee" | an Form 000 Part IV line | 11h Can Farm 000 Dort V line 10 |
|--|----------------------------|---|
| Complete if the organization answered "Yes" | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) Private Equity/Venture | | |
| (B) Capital Limited | | |
| (C) Partnership | 874,207,259. | End-of-Year Market Value |
| (D) Real Estate & Real Asset | | |
| (E) Limited Partnership | 702,946,918. | End-of-Year Market Value |
| (F) Other Investments | 1,582,248. | End-of-Year Market Value |
| (G) Fixed Income Securities | | |
| (H) and Commingled Funds | 44,172,449. | End-of-Year Market Value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 4,197,217,130. | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(4) (5) (6)(7) (8) (9)

Complete if the organization answered "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) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total, (Column (b) must equal Form 990. Part X. col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | Mark to market liability on | |
| (3) | interest rate swap agreements | 250,321,017. |
| (4) | Employee Benefit Liabilities | 420,709,910. |
| (5) | Pending Trades Liability | 82,685,555. |
| (6) | Conditional asset retirement | |
| (7) | obligation | 24,522,495. |
| (8) | Government advance, student loans | 20,660,045. |
| (9) | Other | 7,666,614. |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 806,565,636. |

^{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 X

| Sche | chedule D (Form 990) 2015 Trustees of Dartmouth College | | | 02-022211 | L1 Page 4 |
|------|---|--|------------------|-------------------|-----------|
| Pa | rt XI Reconciliation of | Revenue per Audited Financial State | ements With Reve | nue per Return. | |
| | Complete if the organiz | ration answered "Yes" on Form 990, Part IV, line | 12a. | | |
| 1 | Total revenue, gains, and other | er support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but | ut not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) | on investments | 2a | | |
| b | Donated services and use of t | acilities | 2b | | |
| С | Recoveries of prior year grant | s | 2c | | |
| d | Other (Describe in Part XIII.) | | 2d | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not incli | uded on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | | 4b | | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | | 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | | Expenses per Audited Financial Sta | • | enses per Return. | |
| | | ration answered "Yes" on Form 990, Part IV, line | | | |
| 1 | | r audited financial statements | | 1 | |
| 2 | | ut not on Form 990, Part IX, line 25: | ا ما | | |
| a | | acilities | | | |
| b | | | | | |
| С. | | | l l | | |
| d | , | | | | |
| e | | | | | |
| 3 | | | | 3 | |
| 4 | | 00, Part IX, line 25, but not on line 1: | 1.1 | | |
| a | | uded on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | | 4b | | |
| С | Add lines 4a and 4b | | | 4c | |

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, line 1a:

Dartmouth's collections include works of art, literary works, historical treasures, and artifacts that are maintained in its museum and libraries.

These collections are protected and preserved for public exhibition, education, research, and the furtherance of public service. Each of the items is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously. The collections are subject to a policy that requires proceeds from their sale to be used to acquire other items for collections.

The collections, which were acquired through purchases and contributions since Dartmouth's inception, are not recognized as assets in the

Part XIII | Supplemental Information (continued)

items are recorded in the consolidated Statement of Activities as
non-operating decreases in unrestricted net assets in the year in which
the items are acquired or in temporarily restricted net assets if the
assets used to purchase the items are restricted by donors. Contributed
collection items are not recorded in the consolidated financial
statements.

Part III, line 4:

Collections at Dartmouth College exist in two primary areas: the Hood Museum of Art (the Hood) and the Dartmouth College library system.

The Hood Museum of Art at Dartmouth College is one of the oldest and largest college museums in the country. The collections of the Hood, which number some 65,000 objects, are rich, diverse, and available for the use by both Dartmouth and the broader community. Access to works of art is provided through permanent collection displays, the online collections database, special exhibitions, the website, scholarly publications, and programs and events. These exhibits and programs are an exciting learning resource for students and the academic community. The Hood offers a vital curricular resource, a source for lectures, gallery talks, symposia, and receptions for the public, and an on-line database of thousands of works.

The Dartmouth College Library fosters intellectual growth and advances the mission of Dartmouth College and affiliated communities by supporting excellence and innovation in education and research, managing and delivering information, and partnering to develop and disseminate new scholarship. The Rauner Special Collections Library houses Dartmouth's

Part XIII | Supplemental Information (continued)

Archives, the Rare Books Collections, and the Manuscripts Collection.

Dartmouth's Archives documents the history of the College through the historical records of the institution and the three professional schools, as well as the history of the surrounding area through selected collections related to local businesses and organizations. Totaling more than 100,000 volumes, Dartmouth's rare book collections constitute a resource of major importance to the institution and the scholarly world at large. The manuscript collections contain over six and a half million unique and original items. Dartmouth students, faculty, staff and outside researchers are all welcome to make use of Rauner Library's extensive holdings of rare books, manuscripts, and archival documents for their research.

Part IV, line 2b:

Certain donors have established irrevocable split-interest agreements with Dartmouth, primarily charitable gift annuities, pooled life income funds, and irrevocable charitable remainder trusts, whereby the donated assets are invested and a liability is recognized for distributions to be made in accordance with the agreements. In addition, Dartmouth maintains the Dartmouth Donor Advised Fund (DDAF) to enable philanthropic individuals and families to streamline the management of their charitable gifts.

Through the DDAF, Dartmouth receives, invests and administers gifts to Dartmouth and other charitable organizations on the donors' behalf.

For all residential rental properties and some commercial rental properties, Dartmouth collects a security deposit which it holds in escrow to be used, if necessary, to pay for damages identified when the property is vacated.

Part V, line 4:

Dartmouth's endowment plays a critical role in supporting the current and future work of Dartmouth. Its investment and spending policies are designed to balance the needs of current Dartmouth students with the needs of future generations of Dartmouth students. Earning long-term returns that maintain the inflation-adjusted purchasing power of the endowment underpins this concept of intergenerational equity. The endowment is composed of both restricted funds, for which donors designate a specific purpose for their gifts, and unrestricted funds. There are over 5800 separate funds that make up Dartmouth's endowment. Dartmouth's endowment spending policy seeks to balance the competing objectives of supporting the current generation of students and faculty with the need to preserve the endowment's purchasing power for future generations. Distributions from the endowment, which are approved annually by the Board of Trustees, are intended to support Dartmouth's mission by contributing funding to support financial aid, facilities, and a variety of needs in academic, research and student life activities.

Part X, Line 2:

Dartmouth believes it has taken no significant uncertain tax positions.

| (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------|--|
| 1,323,636,917. | FMV |
| 4 455 000 045 | Tabas z |
| 1,155,293,917. | FMV |
| 95,377,422. | FMV |
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| | 1,323,636,917. |

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

 $\begin{array}{c} \textbf{Employer identification number} \\ 0.2-0.222111 \end{array}$

Trustees of Dartmouth College

| | 11 dstees of Dartmodth College 02-6 | | | |
|---|--|--|-----------|---|
| Pa | rt I | | \ <u></u> | |
| | | | YES | N |
| 1 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, | | 3,7 | |
| | other governing instrument, or in a resolution of its governing body? | 1 | X | |
| 2 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, | | 7,7 | |
| | catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 2 | X | |
| 3 | 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. | | 3,5 | |
| | If you need more space, use Part II Dartmouth's racially nondiscriminatory policy is widely | 3 | X | |
| | | | | |
| | publicized through a variety of print and electronic media. | | | |
| | The notification language set forth in Section 403 of Rev. | | | |
| | Proc. 75-50 is included in Dartmouth's brochures and other | | | |
| | publications which are available to the general public. | | | |
| 4 | Does the organization maintain the following? | | 77 | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? | 4a | X | _ |
| | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 4b | Х | |
| С | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student | | | |
| | admissions, programs, and scholarships? | 4c | Х | |
| | | | 37 | - |
| d | I Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d | X | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Х | |
| 5 | 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: | 4d | Х | |
| 5 | I Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. | 4d 5a | X | 2 |
| 5 a b | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? | | X | Σ |
| 5 a b | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? | 5a | X | 2 |
| ā b c | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? | 5a 5b | X | 2 |
| 5 a b c | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? | 5a 5b 5c | X | \(\frac{\frac}\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\fra |
| 5 a b c d e | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? | 5a 5b 5c 5d | X | \(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\fra |
| 5 a b c d e f g | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5a 5b 5c 5d 5e | X | \(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\fi |
| 5 a b c d e f g | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5a 5b 5c 5d 5e 5f | X | > > > > > > > > > > > > > > > > > > > |
| a b c d e f | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? | 5a 5b 5c 5d 5e 5f 5g | X | 2 |
| 5 a b c d e f g | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? | 5a 5b 5c 5d 5e 5f 5g | X | 2 2 2 2 2 2 2 |
| 5 a b c d e f g h | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g | X | 2 2 2 2 2 2 |
| 5 a b c d e f g h | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g 5h | | \(\frac{\frac}\fint{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\f{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac{\frac{\f{ |
| 5 a b c d e f g h | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? 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? Has the organization's right to such aid ever been revoked or suspended? | 5a 5b 5c 5d 5e 5f 5g 5h | | 2 |
| 5 abcdefgh | Copies of all material used by the organization or on its behalf to solicit contributions? 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? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. | 5a 5b 5c 5d 5e 5f 5g 5h | | 2 |

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

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

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

Trustees of Dartmouth College 02-0222111

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ______X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region Antarctica 0 Program Services Research 9,537. Education and 0 educational consulting Antarctica Program Services 1,535. Central America and the Caribbean 0 1,338,530,629. Investments Central America and the Caribbean 0 Program Services Research 20,214. Central America and Education and the Caribbean 0 Program Services educational consulting 140,536. Central America and the Caribbean 0 Program Services Study-abroad programs 147,734. Central America and the Caribbean 0 62,185. Program Services Volunteer services East Asia and the Pacific 0 234,235. Program Services Research 3 a Sub-total 0 0 1,339,146,605. **b** Total from continuation sheets to Part I 22 50,144,643. c Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

1,389,291,248.

and 3b)

| Schedule F (Form 990) Part I Continuation | | | mouth College | | 22111 Page 1 |
|--|---------------------------------------|--|---|--|---|
| | | | N. (Schedule F (Form 990), Part I, line C | i | (n = |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| | | | | | |
| East Asia and the | | | | Education and | |
| Pacific | 0 | 0 | Program Services | educational consulting | 821,740. |
| | | | | | |
| East Asia and the Pacific | 0 | 2 | Program Services | Study-abroad programs | 415,814. |
| Facilit | 0 | 2 | Flogiam Services | Study-abload ploglams | 415,014. |
| East Asia and the | | | | | |
| Pacific | 0 | 0 | Program Services | Volunteer services | 51,348. |
| | | | | | |
| East Asia and the Pacific | 0 | 0 | Turrachmanta | | 107.000 |
| Pacific | | 0 | Investments | | 107,900. |
| | | | | | |
| Europe | 0 | 0 | Investments | | 21,854,932. |
| | | | | | |
| Furance | 0 | 0 | Program Services | Rogornah | 1 655 254 |
| Europe | 0 | 0 | Flogram Services | Research | 1,655,254. |
| | | | | Education and | |
| Europe | 0 | 0 | Program Services | educational consulting | 1,341,856. |
| | | | | | |
| Europe | 0 | 1.8 | Program Services | Study-abroad programs | 2 996 238. |
| нигоре | , , , , , , , , , , , , , , , , , , , | 10 | riogiam bervices | Study abload ploglams | 2,550,250. |
| | | | | | |
| Europe | 0 | 0 | Program Services | Volunteer services | 58,157. |
| | | | | | |
| Middle East and | | | | | |
| North Africa | 0 | 0 | Program Services | Research | 7,094. |
| | | | | | |
| Totals | | | | | |
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| Schedule F (Form 990) Part I Continuation | | | :mouth College n. (Schedule F (Form 990), Part I, line (| 02-02 | 22111 Page 1 |
|--|-------------------------------------|-------------------------------------|---|--|---|
| | | (c) Number of | (d) Activities conducted in region | i | (f) Total |
| (a) Region | (b) Number of offices in the region | employees or agents in region | (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
| | | . ag.a | - resignante resignant | 5. 55. 1155(5, 11.15g)51. | |
| Middle East and | | | | Education and | |
| North Africa | 0 | 0 | Program Services | educational consulting | 131,636. |
| | | | | | |
| Middle East and North Africa | 0 | 1 | Program Services | Study abroad programs | 104 020 |
| North Arrica | 0 | 1 | Flogiam Services | Study-abroad programs | 184,928. |
| Middle East and | | | | | |
| North Africa | 0 | 0 | Program Services | Volunteer services | 11,700. |
| | | | | | |
| North America | 0 | 0 | Program Services | Research | 148,232. |
| | | | | | |
| | | | | Education and | 005 654 |
| North America | 0 | 0 | Program Services | educational consulting | 225,654. |
| | | | | | |
| North America | 0 | 0 | Program Services | Study-abroad programs | 132,887. |
| | | | | | |
| North America | 0 | 0 | Program Services | Volunteer services | 20,394. |
| | | | | | |
| Russia and Neighboring States | 0 | 0 | Program Services | Study-abroad programs | 39.888. |
| neighboring beateb | Ĭ | | Frogram Bervices | beday abroad programs | 33,000. |
| Russia and | | | | Education and | |
| Neighboring States | 0 | 0 | Program Services | educational consulting | 6,917. |
| | | | | | |
| South America | 0 | 0 | Program Services | Research | 179,139. |
| | | | | | |
| Totals | | | | | |
| 10tal3 | 1 | I | | | |

| Schedule F (Form 990) Trustees of Dartmouth College 02-0222111 Page 1 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) | | | | | | | | |
|---|-------------------------------------|--|---|--|---|--|--|--|
| | i | | n. (Schedule F (Form 990), Part I, line 3 | i e | | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | |
| South America | 0 | 0 | Program Services | Education and educational consulting | 151,333. | | | |
| | | | | | 204 055 | | | |
| South America | 0 | 0 | Program Services | Study-abroad programs | 304,855. | | | |
| South America | 0 | 0 | Program Services | Volunteer services | 63,805. | | | |
| South Asia | 0 | 0 | Program Services | Research | 9,894. | | | |
| South Asia | 0 | 0 | Program Services | Education and educational consulting | 172,610. | | | |
| South Asia | 0 | 0 | Program Services | Study-abroad programs | 58,237. | | | |
| South Asia | 0 | 0 | Program Services | Volunteer services | 61,275. | | | |
| Sub-Saharan Africa | 0 | 0 | Program Services | Research | 900,121. | | | |
| Cub Cabarar Africa | | | Drognom Comvige- | Education and | 507 570 | | | |
| Sub-Saharan Africa | 0 | 0 | Program Services | educational consulting | 507,572. | | | |
| Sub-Saharan Africa | 0 | 1 | Program Services | Study-abroad programs | 280,686. | | | |
| Totals | | | | | | | | |

| Schedule F (Form 990) Trustees of Dartmouth College 02-0222111 Page 1 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) | | | | | | | | |
|--|-------------------------------------|--|---|--|---|--|--|--|
| | | | | | | | | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region | | | |
| | | | | | | | | |
| Sub-Saharan Africa | 0 | 0 | Program Services | Volunteer Services | 101,050. | | | |
| | | | | | | | | |
| Sub-Saharan Africa | 0 | 0 | Investments | | 17,141,497. | | | |
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| Totals | | 22 | | | 50,144,643. | | | |

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

02-0222111 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM\ appraisal, other) |
|----------------------------|---|---------------------------------------|--------------------------------|--------------------------|---------------------------------|---|--|--|
| | | East Asia and the | | | | | | |
| | | Pacific - | | | | | | |
| | | Australia, | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | Education | 13,360. | Wire | 0. | | |
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| | | | recognized as charities by th | | | | | |
| the IRS, or for which | | | n 501(c)(3) equivalency letter | | | - _ | | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| Part III can be duplicated it | | (c) Number of | (d) Amount of | (e) Manner of | (f) Amount of | (g) Description of | (h) Method of |
|---------------------------------|-------------------|---------------|---------------|-------------------|------------------------|----------------------|---|
| (a) Type of grant or assistance | (b) Region | recipients | cash grant | cash disbursement | non-cash assistance | non-cash assistance | valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| Scholarships/Tuition | Central America | | | | | | |
| Remission | and the Caribbean | 7 | 0. | | 101,324. | Student scholarships | FMV |
| | | | | | | | |
| Scholarships/Tuition | East Asia and the | | | | | | |
| Remission | Pacific | 32 | 0. | | 473,233. | Student scholarships | FMV |
| Scholarships/Tuition | | | | | | | |
| Remission | Europe | 158 | 0. | | 2 391 840 | Student scholarships | FMV |
| NCMIDDION . | Larope | 130 | <u> </u> | | 2,331,040. | beddene benefulsnips | |
| Scholarships/Tuition | Middle East and | | | | | | |
| Remission | North Africa | 11 | 0. | | 172,847. | Student scholarships | FMV |
| | | | | | | | |
| Scholarships/Tuition | | | | | | | |
| Remission | North America | 9 | 0. | | 137,086. | Student scholarships | FMV |
| | Russia and | | | | | | |
| Scholarships/Tuition | Neighboring | | | | | | |
| Remission | States | 4 | 0. | | 53,642. | Student scholarships | FMV |
| Scholarships/Tuition | | | | | | | |
| Remission | South America | 22 | 0. | | 339,734. | Student scholarships | FMV |
| | | | | | | | |
| Scholarships/Tuition | | | | | | | |
| Remission | South Asia | 3 | 0. | | 47,682. | Student scholarships | FMV |
| | | | | | | | |
| Scholarships/Tuition | Sub-Saharan | | | | 105 165 | G+ | 77.07 |
| Remission | Africa | 8 | 0. | | 125,165. | Student scholarships | FMV |

Schedule F (Form 990) 2015 Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | X Yes | ☐ No |
|---|--|-------|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | X Yes | ☐ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | X Yes | □ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | X Yes | □ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | X Yes | □ No |

Schedule F (Form 990) 2015

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Schedule F Part I Line 2

Grants distributed by Dartmouth consist primarily of scholarships, fellowships and related support given to Dartmouth students. Scholarships are awarded based on the financial need of the student. Scholarship applications are reviewed by a financial aid officer. Financial aid officers are expected to recuse themselves from any case in which they either have a personal interest or feel they cannot be impartial. A random sampling of cases read by each undergraduate financial aid officer is reviewed by the Associate and Senior Associate Directors to ensure compliance with federal regulations, adherence to Dartmouth policies, consistency in results and accuracy. Scholarships are credited to an individual student's account through the Banner Student Information System after the student is enrolled for the term (these credits are included in "non-cash assistance" in Part III above). Scholarship funds are withdrawn if the student ceases to be enrolled. Fellowships are granted in support of a student's educational or research endeavors. All educational and research work is monitored by Dartmouth faculty.

Schedule F, Parts I, II and III

Dartmouth keeps its books and records on the accrual basis of accounting. The information reported on Schedule F is also reported on the accrual basis of accounting.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Trustees of Dartmouth College

Employer identification number 02-0222111

| Part I Fundraising Activities required to complete this par | • Complete if the organization answert. | red "Y | 'es" or | n Form 990, Part IV, | line 17. Form 990-E2 | I filers are not | |
|--|--|---------|-------------|------------------------|------------------------|------------------|--|
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | I ACTIVITY I have custody I in the control of the c | | | | | | |
| | | Yes | No | | | | |
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| otal | | | > | | | | |
| 3 List all states in which the organization or licensing. | on is registered or licensed to solicit (| contrib | utions | s or has been notified | d it is exempt from re | egistration | |
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532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Schedule G (Form 990 or 990 EZ) 2015 Trustees of Dartmouth College 02-0222111 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events Athletics Development (add col. (a) through Football Raffle col. (c)) (event type) (event type) (total number) 67,616. 89,010. 92,822. 249,448. 1 Gross receipts 41,950 28,457 70,407. 2 Less: Contributions 47,060. 67,616. 64,365 179,041. Gross income (line 1 minus line 2) 4 Cash prizes 8,100. 4,510. 3,590. 5 Noncash prizes Direct Expenses 6,325 503. 6,828. 6 Rent/facility costs 3,530 15,854. 12,324 7 Food and beverages 8 Entertainment 9 Other direct expenses 6,381. 18,299. 4,504. 29,184. 59,966. 10 Direct expense summary. Add lines 4 through 9 in column (d) 119,075. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

| 9 Enter the state(s) in which the organization conducts gaming activities: | | | | 1 |
|---|------------------|-------------|-------|-------------|
| a Is the organization licensed to conduct gaming activities in each of these states? | | └── Yes | | ∐ No |
| b If "No," explain: | | | | |
| | | | | |
| | | | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year | ? | Yes | | No |
| b If "Yes," explain: | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
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| | | | | |
| 532082 09-14-15 | Schedule G (Form | 1 990 or 99 | 0-EZ) | 2015 |

Schedule G (Form 990 or 990-EZ) 2015

| Sch | edule G (Form 990 or 990-EZ) 2015 Trustees of Dartmouth College 02-0 | 222111 | Page 3 |
|-----|--|----------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | | | |
| | Name | | |
| | | | |
| | Address > | | |
| | · | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| | | | |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | |
| | of gaming revenue retained by the third party \$\sum_{\text{s}} = | | |
| c | If "Yes," enter name and address of the third party: | | |
| | | | |
| | Name ▶ | | |
| | | | |
| | Address > | | |
| | - Tudi 000 P | | |
| 16 | Gaming manager information: | | |
| 10 | daming manager information. | | |
| | Name | | |
| | | | |
| | Gaming manager compensation ▶ \$ | | |
| | Garming manager compensation > \$ | | |
| | Description of convices provided | | |
| | Description of services provided | | |
| | | | |
| | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| | Director/officer Employee Independent contractor | | |
| 47 | Mandatan diatributiona | | |
| | Mandatory distributions: | | |
| а | solution is the organization required under state law to make charitable distributions from the gaming proceeds to | Yes | □ Na |
| | retain the state gaming license? | L Yes | └─ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| D- | organization's own exempt activities during the tax year > \$ | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I | ines 9, 9b, 10 | 0b, 15b, |
| | 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). | | |
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| Schedule G | (Form 990 or 990-EZ) | Trustees of | Dartmouth | College | 02-0222111 | Page 4 |
|------------|--|---|-----------|---------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | rmation (continued) | | | | |
| | | (************************************** | | | | |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

| 2015

Open to Bubli

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Name of the organization | . | .1 ~ 11 | | | | | Employer identification number |
|---|----------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| | | outh College | 2 | | | | 02-0222111 |
| | | | | | | | |
| 1 Does the organization maintain records | | - | | - | • | | |
| criteria used to award the grants or assi | | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to | | | | | anization analyses d " | /oo" on Form 000. Dor | t IV line O1 for any |
| recipient that received more than | | | | | anization answered | res on Form 990, Par | t IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Colby Sawyer College 541 Main Street | 00 0000100 | 501/)2 | 000.000 | | | | Distribution from donor |
| New London, NH 03257 | 02-0222120 | 501(c)3 | 200,000. | 0. | | | advised fund |
| Eastern College Athletic Conference - 51 S. Pearl Street - Albany, NY 12207 | 04-3524094 | 501(c)3 | 13,908. | 0. | | | Distribution from donor advised fund |
| Albert Schweitzer Fellowship 330 Brookline Avenue Boston, MA 02215 | 13-1982786 | 501(c)3 | 15,500. | 0. | | | Charitable Contribution |
| Friends of The Frost Place, Inc. Ridge Road Box 74 Franconia, NH 03580 | 26-4497702 | 501(c)3 | 6,000. | 0. | | | Charitable Contribution |
| Walnut Hill School for the Arts 12 Highland Street Natick, MA 01760 | 04-2103636 | 501(c)3 | 10,000. | 0. | | | Distribution from donor advised fund |
| Greenwich Academy 200 N Maple Ave Greenwich, CT 06830 | | 501(c)3 | 30,035. | | | | Distribution from donor advised fund |
| 2 Enter total number of section 501(c)(3) a | | | | | | | |
| 3 Enter total number of other organization | s listed in the line | 1 table | | | | | ▶ 5. |
| LHA For Paperwork Reduction Act Notice | , see the Instruc | tions for Form 990. | | | | | Schedule I (Form 990) (2015) |

| Part II Continuation of Grants and Other | Assistance to Go | vernments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Open Door Shelter, Inc | | | | | | | |
| 4 Merritt St | | | | | | | Distribution from donor |
| Norwalk, CT 06854 | 22-2536909 | 501(c)3 | 10,000. | 0. | | | advised fund |
| , | | | , - | | | | |
| Hopkins School | | | | | | | |
| 986 Forest Road | | | | | | | Distribution from donor |
| New Haven, CT 06515 | 06-0646674 | 501(c)3 | 61,900. | 0. | | | advised fund |
| | | | | | | | |
| New York Police and Fire Widow's | | | | | | | L |
| Children's Benefit Fund - 156 W | 40 0040655 | 504 () 2 | | | | | Distribution from donor |
| 56th St #901 - New York, NY 10019 | 13-3340675 | 501(c)3 | 20,000. | 0. | | | advised fund |
| Teach for America, Inc. | | | | | | | |
| 370 James Street, Suite 404 | | | | | | | Distribution from donor |
| New Haven, CT 06513 | 13-3541913 | 501(c)3 | 10,000. | 0. | | | advised fund |
| | | | | | | | |
| The Hildegard Behrens Foundation | | | | | | | |
| 276 Riverside Drive, Suite 12F | | | | | | | Distribution from donor |
| New York, NY 10025 | 27-3202407 | 501(c)3 | 15,000. | 0. | | | advised fund |
| | | | | | | | |
| Greenwich Country Day School | | | | | | | |
| 401 Old Church Road | | | | | | | Distribution from donor |
| Greenwich, CT 06830 | 06-0646657 | 501(c)3 | 65,000. | 0. | | | advised fund |
| Diamad Danashiand of Goodham Nas | | | | | | | |
| Planned Parenthood of Southern New | | | | | | | Distribution from donor |
| England, Inc 345 Whitney Avenue | 06 0063565 | E01/-\2 | 10 000 | 0 | | | |
| - New Haven, CT 06511 | 06-0263565 | 501(C)3 | 10,000. | 0. | | | advised fund |
| The Ecolint-American Foundation | | | | | | | |
| 5824 Steeplechase Drive | | | | | | | Distribution from donor |
| Plano, TX 75093 | 23-7056392 | 501(c)3 | 10,000. | 0. | | | advised fund |
| | | | 10,000. | | | | |
| The Horace Mann School | | | | | | | |
| 231 West 246th Street | | | | | | | Distribution from donor |
| Bronx, NY 10471 | 13-1740455 | 501(c)3 | 15,000. | 0. | | | advised fund |

| (a) Name and address of organization or government | Funds Care th Avenue, Suite 2B ork, NY 10001 School of Medicine at Mount - One Gustave Levy Place, 049 - New York, NY 10029-6574 te United Way ncord Street, Floor 2 ester, NH 03301 wich Library est Putnam Avenue wich, CT 06830 O2-6006033 O2-6006033 501(oy's Club of New York ast 10th Street ork, NY 10009 imer's Association CT Chapter kecutive Blvd, Ste 4B ington, CT 06489 anaan Country School Inc k 997 anaan, CT 06840 of Foundation of Norwalk, Inc. | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|--|-------------------------------|--------------------------|---|--|--|---|
| Hedge Funds Care 330 7th Avenue, Suite 2B New York NV 10001 | 43-1959796 | 501(c)3 | 25,000. | 0. | | | Distribution from donon |
| Icahn School of Medicine at Mount Sinai - One Gustave Levy Place, Box 1049 - New York, NY 10029-6574 | | 501(c)3 | 10,000. | 0. | | | Distribution from donor |
| Granite United Way 22 Concord Street, Floor 2 Manchester, NH 03301 | 02-6006033 | 501(c)3 | 5,200. | 0. | | | Charitable Contribution |
| Greenwich Library 101 West Putnam Avenue Greenwich, CT 06830 | 06-6002281 | 501(c)3 | 10,000. | 0. | | | Distribution from donor advised fund |
| The Boy's Club of New York 287 East 10th Street New York, NY 10009 | 13-5591750 | 501(c)3 | 50,000. | 0. | | | Distribution from donor |
| Alzheimer's Association CT Chapter 200 Executive Blvd, Ste 4B Southington, CT 06489 | 13-3039601 | 501(c)3 | 10,000. | 0. | | | Distribution from donor |
| New Canaan Country School Inc PO Box 997 New Canaan, CT 06840 | 06-0646765 | 501(c)3 | 10,000. | 0. | | | Distribution from donor advised fund |
| Carver Foundation of Norwalk, Inc. 7 Academy Street Norwalk, CT 06850 | 06-0862072 | 501(c)3 | 10,000. | 0. | | | Distribution from donor |
| Cristo Rey Network 19416 Stone Cress Ct Edmond, OK 73012 | 04-3730980 | 501(c)3 | 60,000. | 0. | | | Distribution from donor advised fund |

| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
|--|-----------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Bring Change 2 Mind | | | | | | | |
| 155 Sansome St, Suite 530 | | | | | | | Distribution from donor |
| San Francisco, CA 94104 | 01-0974537 | 501(c)3 | 10,000. | 0. | | | advised fund |
| Legal Aid of North Carolina Inc | | | | | | | |
| 224 South Dawson St | | | | | | | Distribution from donor |
| Raleigh, NC 27601-1306 | 31-1784161 | 501(c)3 | 5,078. | 0. | | | advised fund |
| Balch Hill LLC | | | | | | | |
| 101 E Wheelock St | | | | | | | |
| Hanover, NH 03755 | 47-5660790 | | 10,000. | 0. | | | Prize and awards |
| Baloonr Inc. | | | | | | | |
| 13 Tamara Ct | | | | | | | |
| Oxford, OH 45056 | 47-4228383 | | 25,000. | 0. | | | Prizes and awards |
| Decade Inc | | | | | | | |
| 1522 North Dearborn | | | | | | | |
| Chicago , IL 60610 | 32-0482607 | | 6,000. | 0. | | | Prizes and awards |
| | | | | | | | |
| Incente LLC | | | | | | | |
| 19 Rocky Hill Lane | | | | _ | | | |
| Lyme , NH 03768 | 46-2520060 | | 30,000. | 0. | | | Prizes and awards |
| Lodestone Biomedical LLC | | | | | | | |
| 14 Orchard Hill Lane | | | | | | | |
| Hanover, NH 03755 | 47-2187055 | | 19,500. | 0. | | | Prizes and awards |
| Gbowee Peace Foundation Africa-USA | | | | | | | |
| | | | | | | | |
| 25 East 21st St, 7th Floor New York, NY 10010 | 47-2830073 | 501(c)3 | 10,000. | 0. | | | Charitable contribution |
| | 1. 23000,3 | | 10,000: | | | | |
| New Hampshire College & University | | | | | | | |
| Council - 3 Barrell Ct, Ste 200 - | | | | | | | |
| Concord , NH 03301 | 02-0271139 | 501(c)3 | 10,000. | 0. | | | Charitable contribution |

| (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------|-------------------------------|---------------------------------------|---|--|--|--|
| | | | | | | |
| 04 2567502 | E01/a)2 | 6 500 | 0 | | | Charitable contributio |
| 04-3307302 | 501(0/5 | 0,500. | 0. | | | Charleste Contlibution |
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| | | | | | | |
| | | (b) EIN (c) IRC section if applicable | if applicable cash grant | if applicable cash grant non-cash assistance | if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) | if applicable cash grant non-cash assistance (book, FMV, appraisal, other) |

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | Gradent Gelelenskin /buibien |
| | | | | | Student Scholarships/tuition |
| | 2015 | 104 000 | 141 005 445 | | remission and employee tuition |
| Scholarships/Tuition Remission | 3915 | 124,009. | 141,895,447. | F.W.A. | reimbursement |
| | | | | | |
| | | | | | |
| Fellowships | 864 | 11,530,441. | 13,286. | FMV | Student Fellowships/Employment |
| | | | | | |
| | 604 | 1 424 655 | 505 | | |
| Internships | 684 | 1,434,657. | 595. | FMV | Student Paid Internships |
| | | | | | 0.b./3/ b1kb / |
| Tarable Turning Cubalder | 809 | 2 412 | 1 507 500 | | Subsidize health insurance |
| Health Insurance Subsidy | 809 | 2,412. | 1,527,560. | FMV | cost for graduate students |
| | | | | | |
| | | | | | Achievement recognition awards |
| Prizes and Awards | 620 | 522,411. | 78,471. | FMV | to individual students |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

Grants distributed by Dartmouth consist primarily of scholarships,

fellowships and related support given to Dartmouth students. Scholarships

are awarded based on the financial need of the student. Scholarship

applications are reviewed by a financial aid officer. Financial aid

officers are expected to recuse themselves from any case in which they

either have a personal interest or feel they cannot be impartial. A random

sampling of cases read by each undergraduate financial aid officer is

reviewed by the Associate and Senior Associate Directors to ensure

02-0222111 Page 2 Trustees of Dartmouth College Schedule I (Form 990) Part IV | Supplemental Information compliance with federal regulations, adherence to Dartmouth policies, consistency in results and accuracy. Scholarships are credited to an individual student's account through the Banner Student Information system after the student has enrolled for the term (these credits are included in "non-cash assistance" in Part III above) Scholarship funds are withdrawn if the student ceases to be enrolled. Fellowships are granted in support of a student's educational or research endeavors. All educational and research work is monitored by Dartmouth faculty. Dartmouth Ventures is an annual conference and contest on entrepeneurship sponsored by Tuck School of Business. The contest is open to any startup team or company having at least one member with a Dartmouth College affiliation. Entries are evaluated by a group of Dartmouth College alumni, entrepeneurs and expert business practitioners, on the basis of which business is most likely to create significant social and/or economic value.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Trustees of Dartmouth College

Employer identification number 02-0222111

| | | | Yes | No |
|------------|---|----|-----|----|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | X First-class or charter travel X Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account X Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | Х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | Х | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Х | |
| С | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | 37 |
| | The organization? | 5a | | X |
| b | Any related organization? | 5b | | Λ |
| | If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | v |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | _ | Х | |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Λ | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | Х |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | I |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|---------------------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) Philip Hanlon | (i) | 898,777. | 0. | 102,311. | 183,850. | 66,278. | 1,251,216. | 40,000. |
| President | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Carolyn Dever | (i) | 686,472. | 0. | 1,736. | 23,850. | 71,832. | 783,890. | 0. |
| Provost | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) Richard Mills | (i) | 620,762. | 0. | 3,294. | 23,850. | 12,183. | 660,089. | 0. |
| EVP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) Michael Wagner | (i) | 333,329. | 0. | 26. | 23,850. | 17,027. | 374,232. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) Duane Compton | (i) | 361,343. | 75,000. | 2,662. | 22,935. | 14,495. | 476,435. | 0. |
| Interim Dean, Geisel | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) Robert Donin | (i) | 484,430. | 0. | 14,504. | 23,850. | 7,644. | 530,428. | 0. |
| General Counsel | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) Lisa Hogarty | (i) | 319,054. | 0. | 5,648. | 23,850. | 11,551. | 360,103. | 0. |
| VP Campus Services | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) Robert Lasher | (i) | 477,059. | 25,000. | 12,877. | 23,850. | 6,319. | 545,105. | 0. |
| Sr VP for Advancement | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) Michael Mastanduno | (i) | 400,752. | 0. | 4,608. | 23,850. | 16,752. | 445,962. | 0. |
| Dean of Faculty | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) Pamela Peedin | (i) | 526,230. | 859,386. | 1,986. | 23,850. | 10,893. | 1,422,345. | 0. |
| Chief Investment Officer | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) Paul Danos | (i) | 740,632. | 0. | 24,073. | 23,850. | 11,387. | 799,942. | 0. |
| Dean Emeritus, Tuck School (eff 7/15) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) Sydney Finkelstein | (i) | 772,360. | 0. | 4,928. | 23,850. | 15,206. | 816,344. | 0. |
| Professor of Management | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) Richard Freeman Jr. | (i) | 710,081. | 0. | 26. | 23,850. | 12,819. | 746,776. | 0. |
| Fmr Chair, Dept of Surgery | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) Alan Green | (i) | 650,218. | 0. | 29,079. | 23,850. | 8,608. | 711,755. | 0. |
| Chair, Department of Psychiatry | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) Michael Sullivan | (i) | 294,079. | 349,639. | 1,185. | 23,850. | 14,003. | 682,756. | 0. |
| Managing Director, Investment Office | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) Martin Wybourne | (i) | 371,351. | 0. | 26. | 23,850. | 4,782. | 400,009. | 0. |
| Sr. Vice Prov Rsrch; Fm Interim Prov | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------------------------------|------|--------------------------|-------------------------------------|-------------------------------------|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (17) William Green | (i) | 367,769. | 0. | 26. | 23,850. | 1,344. | 392,989. | 0. |
| Prof & Former Dean, Geisel | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (18) Ann Root Keith | (i) | 261,942. | 0. | 1,279. | 23,354. | 15,717. | 302,292. | 0. |
| COO Advancement; Fmr Interim Sr VP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (19) Wiley Souba | (i) | 643,070. | 0. | 26. | 23,850. | 11,503. | | 0. |
| Prof & Fmr Dean, Geisel | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

First-class travel

Dartmouth travel policy allows for first or business class air travel for
business purposes in limited circumstances. Consistent with this policy, on
infrequent occasions senior officers flew first class with the President's
approval.

The lack of a major commercial airport within 80 miles of Dartmouth

requires use of charter air travel to fulfill the business travel

requirements of the President. For this reason, the President and certain

senior officers had access for business purposes to charter flight service,

the cost of which was fully defrayed by private donations designated for

this purpose.

Travel for companions

The President's wife, who is also an employee of Dartmouth, traveled with him for business purposes including participating in alumni events and meetings with key constituent donors on Dartmouth's behalf.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Tax indemnification and gross-up payments

During calendar 2015, Dartmouth elected to pay the tax obligations that arose from certain compensation transactions for one individual. These payments were treated as taxable compensation.

Housing Allowance or residence for personal use

Dartmouth provided housing for the President and Provost. These arrangements were for Dartmouth's convenience and a condition of employment and therefore were not taxable to the individuals.

Personal Services

Dartmouth provided housekeeping services for cleaning and maintaining the

President's house. The value of services provided for personal living space

was recognized as imputed income to the President.

Part I, Line 4b:

Participate in or receive payments from Nonqualified Retirement Plans

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Dartmouth provided the President with a nonqualified 457(f) supplemental
retirement plan. The Plan provided for annual credits to the plan subject
to vesting requirements based on continuation of employment through set
dates. The President received \$80,000, and accrued \$160,000 relative to the
Plan during the calendar year 2015. \$40,000 of the deferred compensation
received had been reported in prior years, as reflected in Column F.

Part I, Line 7:

Duane Compton, Interim Dean of Geisel School of Medicine, received a performance bonus of \$75,000 during calendar year 2015.

Robert Lasher, Senior Vice President for Advancement, received a performance bonus of \$25,000 during calendar year 2015.

Pamela Peedin, Chief Investment Officer, received incentive compensation of \$859,386 during calendar year 2015.

Michael Sullivan, Managing Director in the Investment Office, received incentive compensation of \$349,639 during calendar year 2015.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Trustees of Dartmouth College

Employer identification number 02-0222111

| | Trustees of | | | | | | | | | <u> </u> | 1444 | <u> </u> | | |
|--------------|--|--------------------------------|------------------|-----------------|----------|----------|-----------------|---------------|---|---|----------------|----------|--------|------------|
| Part I | Bond Issues Se | e Part VI | for Colum | ıns (a) ar | nd (f) | Conti | nuations | | | | | | | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issi | ue price | (f) Descripti | on of purpose | (g) De | feased | (h) On | | (i) Po | oled |
| | | | | | | | | | | | of iss | suer | finan | cing |
| | | | | | | | | | Yes | No | Yes | No | Yes | No |
| | w Hampshire Health & | | | | | | Refund 6 | -1-93 | | | | | | |
| | luc Facilities Authorit | 02-0279866 | 644614FP9 | 03/12/03 | 113, | 250,000. | | | | X | | X | | X |
| | w Hampshire Health & | | | | | | Issue co | • | | | | | | |
| | <u>luc Facilities Authorit</u> | 02-0279866 | 644614RV3 | 04/05/07 | 7 90, | | | tion, cap | | Х | | X | | _X_ |
| | w Hampshire Health & | | | | | | | 2-17-98 | - | | | | | |
| | luc Facilities Authorit | 02-0279866 | 644614YG8 | 06/18/09 | 207, | | 12-1-99 | | X | | | X | | Х |
| | w Hampshire Health & | | | | | | Refund 0 | | | | | | | |
| D Ed | <u>luc Facilities Authorit</u> | 02-0279866 | None | 08/06/15 | 101, | 000,000. | series 2 | 002 issu | ∋ | Х | | X | | X |
| Part II | Proceeds | | | | | | | | | | | | | |
| | | | | A | \ | | В | С | | | | D | | |
| 1 A | mount of bonds retired | | | <u> 51,65</u> | 0,000. | 15, | 000,000. | | | | | | | |
| 2 A | mount of bonds legally defeased | | | | | | | 146,075 | | | | | | |
| 3 To | otal proceeds of issue | | | 1,12 | 25,000. | 93, | <u>437,682.</u> | 164,890 | <u>,998</u> | • | 101 | ,00 | 0,0 | <u>00.</u> |
| 4 G | ross proceeds in reserve funds | | | | | | | | | | | | | |
| 5 C | apitalized interest from proceeds | | | | | 3, | 437,682. | 152 | ,473 | • | | | | |
| | • | | | | | | | | | | | | | |
| 7 Is | suance costs from proceeds | | | 1,12 | 25,000. | | 471,429. | 1,042 | <u>, 393</u> | • | | | | |
| 8 C | redit enhancement from proceeds | | | | | | | | | | | | | |
| 9 W | Orking capital expenditures from proceeds | | | | | | | | | | | | | |
| 10 C | apital expenditures from proceeds | | | | | 89, | <u>528,571.</u> | 163,696 | <u>,132</u> | • | | | | |
| 11 0 | ther spent proceeds | | | | | | | | | | | | | |
| | ther unspent proceeds | | | | | | | | | Щ | | | | |
| 13 Y | ear of substantial completion | | | | | | 2009 | 20 | <u>12 </u> | Щ | | 2 | 005 | |
| | | | | Yes | No | Yes | No | Yes | No | \bot | Yes | \bot | No | |
| | /ere the bonds issued as part of a current re | | | | | | X | X | | \bot | X | \bot | | |
| | ere the bonds issued as part of an advance | | | | X | | X | | X | Щ | | \bot | | X |
| 16 H | as the final allocation of proceeds been mad | e? | | X | | Х | | Х | | Щ | X | \bot | | |
| 17 Do | pes the organization maintain adequate books and records | to support the final allocatio | on of proceeds? | X | | X | | X | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{\bot}}}$ | X | Ш | | |
| Part II | Private Business Use | | | i | | | | • | | | | | | |
| | | | | | ١ | | В | C | | \bot | | D | | |
| | as the organization a partner in a partnershi | | • | Yes | No | Yes | No | Yes | No | \bot | Yes | \bot | No | |
| W | hich owned property financed by tax-exemp | t bonds? | | | X | | X | | X | Щ | | \bot | | X |
| | re there any lease arrangements that may re | • | | | | | | | | | | | | |
| be | ond-financed property? | | | | X | X | | X | | 丄 | | | | <u> </u> |
| 532121 | I HA For Paperwork Reduction Act Notice | e, see the Instruction | ons for Form 990 | 67 | | | | | | Sche | dule K | (Forn | 990) | 2015 |

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Trustees of Dartmouth College

Employer identification number 02-0222111

| IIUSCEES OI DAICMOUCH COITEGE | | | | | | | <u> </u> | 444 | TTT | | |
|---|-----------------|------------|--------------------|---------------|---------------|----------------|----------|---------------|---------------|-------|----------|
| Part I Bond Issues See Part VI for Column | ns (a) ar | nd (f) | Conti | nuations | | | | | | | |
| (a) Issuer name (b) Issuer EIN (c) CUSIP # | (d) Date issued | d (e) Issu | ue price | (f) Descripti | on of purpose | (g) D€ | efeased | (h) On | behalf | | |
| | | | | | | | | of is | suer | finan | ıcin |
| | | | | | | Yes | No | Yes | No | Yes | No |
| New Hampshire Health & | | _ | | Refund 0 | | | | | | | |
| A Educ Facilities Authorit 02-0279866 None | 08/06/15 | 89, | | | 7A issue | 2 | X | | X | | X |
| New Hampshire Health & | | _ | | Direct p | | _ | | | | | |
| B Educ Facilities Authorit 02-0279866 None | 04/29/16 | 165, | 000,000 . t | that par | tially d | le | X | | X | | X |
| | | | | | | | | | | | |
| С | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | |
| <u>D</u> | | | | | | | | | | | <u> </u> |
| Part II Proceeds | 1 | | 1 | | 1 | | | | | | |
| | <i>F</i> | ١ | | В | С | | | | D | | |
| 1 Amount of bonds retired | | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | SE 000 | 165 (| 000 | | | | | | | |
| 3 Total proceeds of issue | | 55,000. | 105,0 | 000,000. | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | 16/ | 375,025. | | | _ | | | | |
| 6 Proceeds in refunding escrows | | | 104, | 373,023. | | | | | | | |
| 7 Issuance costs from proceeds | | | | | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | _ | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | | |
| 10 Capital expenditures from proceeds 11 Other spent proceeds | | | | | | | | | | | |
| 11 Other spent proceeds 12 Other unspent proceeds | | | | | | | | | | | |
| | - | 2009 | | 2012 | | | + | | | | |
| Year of substantial completion | Yes | No | Yes | No | Yes | No | | Yes | | No | — |
| 14 Were the bonds issued as part of a current refunding issue? | | 140 | 163 | X | 163 | 140 | | 163 | + | 140 | — |
| 15 Were the bonds issued as part of an advance refunding issue? | | Х | Х | | | • | + | | - | | _ |
| 16 Has the final allocation of proceeds been made? | | | Х | | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | Х | | | | | | | | |
| Part III Private Business Use | | | | | | | _ | | | | |
| | | ١ | | В | С | | | | D | | |
| 1 Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| which owned property financed by tax-exempt bonds? | | X | | X | | | | | | | |
| 2 Are there any lease arrangements that may result in private business use of | | | | | | | | | | | |
| bond-financed property? | | X | Х | | | | | | | | |
| 532121 LIA For Panaryark Poduction Act Nation and the Instructions for Form 900 | 68 | | • | • | | | Sobo | dula K | / Farr | ~ 000 | |

| Part III Private Business Use (Continued) | | | | В | | С | | D |
|--|-----|-------|-----|-------|-----|-------|-----|--|
| 3a Are there any management or service contracts that may result in private | Yes | No No | Yes | No No | Yes | No | Yes | 1 |
| business use of bond-financed property? | res | X | res | X | res | X | res | No X |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | 21 | | 21 | | 1 21 | | |
| | | | | | | | | |
| counsel to review any management or service contracts relating to the financed property? | | Х | | X | | X | | Х |
| c Are there any research agreements that may result in private business use of bond-financed property? | | Λ | | | | A | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| counsel to review any research agreements relating to the financed property? | | | | 1 | | | | |
| 4 Enter the percentage of financed property used in a private business use by | | | | 02 | | 70 | | |
| entities other than a section 501(c)(3) organization or a state or local government | | % | | .83 % | | .78 % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of | | | | | | | | |
| unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | .83 % | | .78 % | | . % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | X | | X |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | X | | X |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | | | | | | | |
| of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | | | | | | | | |
| 1.141-12 and 1.145-2? | | | | | | | | |
| Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| bonds of the issue are remediated in accordance with the requirements under | | | | | | | | |
| Regulations sections 1.141-12 and 1.145-2? | | x | X | | X | | | X |
| Part IV Arbitrage | | | | | | | | |
| | ı | 4 | | В | | C | | D . |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| Penalty in Lieu of Arbitrage Rebate? | | X | X | | | X | | X |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | X | | X |
| b Exception to rebate? | Х | | | | | X | X | |
| c No rebate due? | | Х | | | | X | | Х |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | • | | • | | | | |
| performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | Х | | | X | X | |
| 4a Has the organization or the governmental issuer entered into a qualified | | | | 1 | | | | |
| hedge with respect to the bond issue? | | x | | l x | | x | | l x |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| | | | | 1 | | 1 | | |
| d Was the hedge superintegrated? | | | | + | | + | | |
| e Was the hedge terminated? | | | | | | | | rm 990) 2014 |

| Part III Private Business Use (Continued) | | A | | В | | С | - | D |
|--|-----|----------|-----|-------|-----|-----|-----|----------|
| 3a Are there any management or service contracts that may result in private | Yes | No | Yes | No | Yes | No | Yes | No |
| business use of bond-financed property? | | X | | X | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | Х | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| counsel to review any research agreements relating to the financed property? | | | | | | | | |
| Enter the percentage of financed property used in a private business use by | | 1 | | | | | | |
| entities other than a section 501(c)(3) organization or a state or local government | | .89 % | | .01 % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of | | 7,0 | | 70 | | 70 | | |
| unrelated trade or business activity carried on by your organization, another | | | | | | | | |
| section 501(c)(3) organization, or a state or local government | | .04 % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .93 % | | .01 % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | 70 | | |
| · · · · · · | | - 21 | | 1 21 | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non- | | x | | X | | | | |
| governmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed | | 0.4 | | 2/ | | 0.4 | | |
| of | | <u>%</u> | | % | | % | | <u>%</u> |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections | | | | | | | | |
| 1.141-12 and 1.145-2? | | 1 | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified | | | | | | | | |
| bonds of the issue are remediated in accordance with the requirements under | 37 | | 37 | | | | | |
| Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |
| Part IV Arbitrage | | | 1 | | | | | |
| - | | <u> </u> | | В | | Ç | - | <u> </u> |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | 1 1 | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | X | | | Х | | | | |
| c No rebate due? | | X | X | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | X | | X | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified | | | | | | | | |
| hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | _ | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

| Part IV Arbitrage (Continued) | | | | | | | | |
|---|-----------|----------------|------------|----|-----|-------------|-----|----|
| | A B | | | 3 | | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | X | | X |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | X | | X |
| 7 Has the organization established written procedures to monitor the requirements of | | | | | | | | |
| section 148? | X | | X | | X | | X | |
| Part V Procedures To Undertake Corrective Action | | | • | • | | • | • | , |
| | Α | | В | | С | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of | | | | | | | | |
| federal tax requirements are timely identified and corrected through the voluntary | | | | | | | | 1 |
| closing agreement program if self-remediation is not available under applicable | | | | | | | | 1 |
| regulations? | X | | x | | x | | x | 1 |
| Part VI Supplemental Information. Provide additional information for responses to questions | | e K (see instr | ructions) | l | | | | |
| - Cappiononia incimatori i cina additiona incimatori i cinaponoco to questione | on concac | 000 1101 | 40110110). | | | | | |
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02-0222111

Page 3

Part IV Arbitrage (Continued) D Yes No Yes Nο Yes Nο Yes No 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? X X 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the requirements of Х X Part V Procedures To Undertake Corrective Action В D Yes No Yes No Yes Nο Yes No Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable Х Х Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Schedule K, Part I, Bond Issues: (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (f) Description of Purpose: Issue cost, new construction, capital renovations, equipment (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (f) Description of Purpose: Refund 12-17-98 & 12-1-99 issues, issue cost, new constr, cap renov (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (a) Issuer Name: New Hampshire Health & Educ Facilities Authority (f) Description of Purpose: Direct purchase that partially defeased 06-18-09 09A issue. Part II, Entity 1, Line 3, Col A The difference between issue price and total proceeds = (\$112,125,000) to refinance prior issue. Part II, Entity 1, line 3, Col B

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued) The difference between issue price and total proceeds equals \$3,437,682 of investment income.

Part II, Entity 1, Line 2, Col C \$146,075,000 of the series 2009 issue was defeased by 2016A issue on April 29, 2016.

Part II, Entity 1, line 3, Col C The difference between issue price and total proceeds equals the sum of (\$42.651.166) to refinance prior issues and \$152.473 of investment income.

Part II, Entity 2, Line 2, Col A The outstanding balance of the 2007A issue (\$89,665,000) was refunded by the 2015C (\$45,000,000) and 2015D (\$44,665,000) issues on August 06, 2015.

Part II, Entity 2, Line 6, Col B As reflected in the IRS Form 8038 that was filed in connection with the issuance of the Series 2016A bonds, 100% of the proceeds of the issue were deposited on the issue date of the Series 2016A bonds in an irrevocable escrow fund to advance refund certain tax-exempt obligations issued for the benefit of the College in 2009. As reflected in a Verification Report dated April 29, 2016, which was prepared by a third party in connection with the issuance of the Series 2016A bonds, the aggregate yield of the investments in such escrow fund is less than the yield on the Series 2016A bonds for the yield computation period during which amounts in the escrow fund will remain unspent. Accordingly, no rebate liability has arisen or will arise under Code Section 148(f) with respect to the Series 2016A bonds, and no rebate computation was required to be prepared in connection with the Series 2016A bonds.

Part IV, Entity 1, line 2c, Col C Arbitrage rebate calculation was prepared on November 8, 2013. The computation period was June 19, 2009 through June 18, 2013.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open To Public Inspection

Employer identification number Name of the organization Trustees of Dartmouth College 02-0222111 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

| Complete if the organization answered | "Yes" on Form 990 | , Part IV, line 28a, 2 | 8b, or 28c. | | | |
|---------------------------------------|---|------------------------|---------------------------|--------------------------------|---|----|
| (a) Name of interested person | (b) Relationship between interested person and the organization | | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
| | | | | | Yes | No |
| TPG | Dartmouth | Trustee a | | Capital Con | | X |
| TPG | Dartmouth | Trustee a | 2,902,506. | Capital Dis | | X |
| - | | Trustee a | | Payments fo | | X |
| Mary Donin | | Key Emplo | • | Calendar 20 | | X |
| Gail Gentes | Spouse of | Officer | • | Calendar 20 | | X |
| Kathy Green | | Former Ke | • | Calendar 20 | | X |
| Paul Young | Spouse of | Officer | 141,627. | Calendar 20 | | X |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

- (a) Name of Person: TPG
- (b) Relationship Between Interested Person and Organization:

Dartmouth Trustee and TPG Founding Partner

- (c) Amount of Transaction \$ 28,952.
- (d) Description of Transaction: Capital Contribution
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: TPG
- (b) Relationship Between Interested Person and Organization:

Dartmouth Trustee and TPG Founding Partner

- (c) Amount of Transaction \$ 2,902,506.
- (d) Description of Transaction: Capital Distribution
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: HWA 555 Owners, LLC
- (b) Relationship Between Interested Person and Organization:

Dartmouth Trustee and Owner of HWA 555 Owners, LLC

- (c) Amount of Transaction \$ 132,317.
- (d) Description of Transaction: Payments for rents in the ordinary

Schedule L (Form 990 or 990-EZ) 2015

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

course of business

- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Mary Donin
- (b) Relationship Between Interested Person and Organization:

Spouse of Key Employee

- (c) Amount of Transaction \$ 20,939.
- (d) Description of Transaction: Calendar 2015 compensation as an employee
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Gail Gentes
- (b) Relationship Between Interested Person and Organization:

Spouse of Officer

- (c) Amount of Transaction \$ 49,719.
- (d) Description of Transaction: Calendar 2015 compensation as an employee
- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Kathy Green
- (b) Relationship Between Interested Person and Organization:

Spouse of Former Key Employee

- (c) Amount of Transaction \$ 58,035.
- (d) Description of Transaction: Calendar 2015 compensation as an

employee

- (e) Sharing of Organization Revenues? = No
- (a) Name of Person: Paul Young

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 02-0222111

|) - | Trustees of | Dartmo | uth Colle | ge | | | 02-0 | 222 | 111 | _ |
|------------|---|-------------------------------|--------------------------------------|--|------------|------|--------------------------------|--------|------|---|
| a | rt I Types of Property | (a) Check if applicable | (b) Number of contributions or | (c) Noncash contribution amounts reported on | | | (d) hod of de n contribu | termin | | |
| | Aut. Marks of out | X | items contributed | Form 990, Part VIII, line 1 | g ් 1 | ner | allo | cat | ion | _ |
| l | Art - Works of art | | 1.4 | 20 | • 5 T | рет | allo | Cat. | 1011 | _ |
| | Art - Historical treasures | | | | | | | | | _ |
| | Art - Fractional interests | X | | 5 | ė 1 | ner | allo | a a t | ion | _ |
| | Books and publications | | | | • 5 T | рет | alio | Cat. | 1011 | _ |
| | Clothing and household goods | | | | | | | | | _ |
| | Cars and other vehicles | | | | | | | | | _ |
| | Boats and planes | | | | | | | | | _ |
| | Intellectual property | X | 880 | <u> </u> | Ma | | 1 | | | _ |
| | Securities - Publicly traded | X | _ | 45,484,022 | | | | | | _ |
| | Securities - Closely held stock | | 4 | 571,336 | • Ma. | rket | valu | .e | | _ |
| | Securities - Partnership, LLC, or | | | | | | | | | |
| | trust interests | | | | | | | | | _ |
| | Securities - Miscellaneous | | | | | | | | | _ |
| | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | | | | | _ |
| | Qualified conservation contribution - Other | | | | | | | | | _ |
| | Real estate - Residential | | | | | | | | | _ |
| | Real estate - Commercial | | | | | | | | | _ |
| | Real estate - Other | | 1 | | 41 | | . 11. | I | | _ |
| | Collectibles | X | <u>1</u> 1 | | | | allo | | | |
| | Food inventory | X | 1 | | •\$T | per | allo | cat: | lon | _ |
| | Drugs and medical supplies | | | | _ | | | | | _ |
| | Taxidermy | | | | _ | | | | | _ |
| | Historical artifacts | | | | | | | | | _ |
| | Scientific specimens | | | | | | | | | _ |
| | Archeological artifacts | | | | 4.4 | | | | | _ |
| | Other (Horses) | X | 5 | | .\$1 | | allo | | | |
| | Other (Self-created) | X | 3 | | | | a110 | | | |
| | Other \triangleright (Specialized E) | X | 3 | | | | a110 | | | |
| | Other (Miscellaneous) | X | 1 | 1 | •\\$I | per | allo | cat | lon | |
| | Number of Forms 8283 received by the organ | | • . | | | | | | _ | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowledg | gement 29 | | | | | 5 | _ |
| | | | | | | | | | Yes | L |
| 3 | During the year, did the organization receive b | - | | | - | | | | | l |
| | must hold for at least three years from the dat | | | | | | | | | |
| | exempt purposes for the entire holding period | ? | | | | | | 30a | | L |
|) | If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| | Does the organization have a gift acceptance | policy that r | equires the review | of any non-standard conti | ibution | ns? | | 31 | X | L |
| а | Does the organization hire or use third parties | or related o | rganizations to soli | cit, process, or sell nonca | sh | | | | | |
| | contributions? | | | | | | | 32a | X | L |
| b | If "Yes," describe in Part II. | | | | | | | | | |
| | If the organization did not report an amount in | column (c) | for a type of proper | ty for which column (a) is | checke | ed, | | | | |
| | | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) (2015)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Column (b): The number of contributions for publicly traded securities is determined by counting each set of securities donated. For all other contributions, the number is determined by the number of contributions comprising the specific type of donation. Schedule M, Line 32b: Dartmouth occasionally uses third parties, including auction houses, to sell specialized items such as jewelry and art. Schedule M, Line 33: Pursuant to Accounting Standards Codification 958 (ASC 958), Dartmouth does not capitalize its collections, including works of art, literary works, historical treasures and artifacts that are maintained in its museums and libraries. Non-cash contributions of this nature are, therefore, not recognized as revenue for financial statements purposes, except for a nominal value of \$1 each. These collections are protected and preserved for public exhibition, education, research and the furtherance of public service. Other non-cash contributions with no readily ascertainable fair value or which are deemed immaterial are not recognized as revenue for financial statement purposes, except for a nominal value of \$1 each.

Schedule M (Form 990) (2015) 532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

. Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Trustees of Dartmouth College

rm990. Inspection
Employer identification number

02-0222111

Form 990, Part I, Line 1, Description of Organization Mission:

and of responsible leadership, through a faculty dedicated to teaching
and the creation of knowledge.

Form 990, Part III, Line 3, Changes in Program Services: During the year ended June 30, 2016, Dartmouth restructured a number of activities at the Geisel School of Medicine (Geisel) to address increasing financial constraints, to improve Geisel's education and research programs, and to align resources and support for these activities. These changes include: creation of a new department of Medical Education, reorganization of the Basic Science departments, and migration of the operations and fiscal responsibility for clinical academic activities from Dartmouth to Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital (operating jointly as "Dartmouth-Hitchcock"). Responsibility for the employment, finances, and operational support for clinical research programs, as well as the clinical practice of psychiatry, transferred from Geisel to Dartmouth-Hitchcock on July 1, 2016. The table below summarizes the \$53,458,498 restructuring expense reported on Part IX, Line 24a: Faculty and Staff termination benefits \$14,392,669 Financial support \$18,272,798 Occupancy, research administration and other services \$17,461,000 Consulting \$ 3,332,031 Additional details of the restructuring expenses may be found in the footnotes to the audited consolidated financial statements.

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

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

Name of the organization

Trustees of Dartmouth College

Employer identification number
02-0222111

Form 990, Part III, Line 4a, Program Service Accomplishments:

Dartmouth's library system directly supports the research and teaching mission of Dartmouth College, as well as the life-long learning needs of the Dartmouth community, by providing access to approximately 105,000 digital resources such as indexes, databases and journals, 3.4 million print and digital books, 34,000 films and videos, 194,000 maps, 39,000 sound recordings and 462,000 photographs. State-of-the-art computing resources are available to faculty and students to foster innovation and excellence in research and in the curriculum.

Form 990, Part III, Line 4b, Program Service Accomplishments:

from medicine to social policy, from engineering to business. Many of
these are interdisciplinary and join faculty and students from across
the institution to work on complex issues. During fiscal 2016, faculty
and others engaged in sponsored activity received \$220.5 million in
awards from external funding agencies.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Morton Farm provide an opportunity for recreation and learning beyond

the classroom. There are also more than 300 student groups which allow

students to explore interests in diverse areas, including the arts,

academics, activism, culture, politics, sustainability and others.

Form 990, Part V, Line 4b, List of Foreign Countries:

France, Germany, Spain, Italy,

New Zealand, United Kingdom

Name of the organization

Trustees of Dartmouth College

Employer identification number
02-0222111

Form 990, Part VI, Section B, line 11:

The 990 review process is as follows: A draft of the completed Form 990 is sent to the Audit Committee and a draft of the sections concerning compensation is sent to the Compensation Committee. The Compensation Committee may contact management or the Audit Committee with any questions or concerns on the compensation sections. The Audit Committee then meets with senior management personnel to review the process by which the Form 990 was prepared, discuss any items of significance, and resolve any questions. The Audit Committee then votes to accept the Form 990 based on management's representations. Prior to the return being filed, a draft of the complete Form 990 is provided to the full board. At the next meeting of the Board of Trustees, the Audit Committee reports to the full Board on the results of its review.

Form 990, Part VI, Section B, Line 12c:

Compliance with Dartmouth's institution-wide Conflict of Interest policy
(www.dartmouth.edu/=osp/resources/policies/dartmouth/cofinterest.html) is
required by College policy. Compliance is enforced and monitored by the
Office of the General Counsel, which reviews information concerning
potential conflicts solicited from approximately 350 trustees, faculty, and
staff members each year. Compliance with the requirements of the Policy
concerning researchers engaged in externally sponsored research is enforced
and monitored by the Office of the Provost, and particularly by the Office
of Sponsored Projects and the Conflict of Interest Committee of the Council
on Sponsored Activities which, in accordance with federal regulations,
solicit information from researchers concerning financial interests that
may affect or be affected by proposed research. In addition, the Office of
the General Counsel and the Investment Office enforce and monitor

Name of the organization

Trustees of Dartmouth College

Employer identification number
02-0222111

compliance with the Policy on Pecuniary Benefit Transactions and Related Party Investments.

Form 990, Part VI, Section B, Line 15:

The process for determining the compensation of Dartmouth's President and other officers and key employees is as follows: (1) Comparability data are gathered by the Chief Human Resources Officer from a compensation survey conducted by a nationally-known compensation consulting firm. (2)

Recommendations for compensation adjustments for officers and key employees are prepared by the President, using comparability data and a review of the employee's performance. (3) The President's recommendations are presented for approval to the Compensation Committee of the Board, together with the comparability data. (4) Comparability data for the President's compensation is also presented to the Compensation Committee by the Chief Human Resources Officer. The Board of Trustees approves the President's compensation. The President and the Investment Committee jointly approve the Chief Investment Officer's compensation.

Form 990, Part VI, Section C, Line 19:

Dartmouth makes its governing document (The Charter of Dartmouth College),
conflict of interest policies and financial statements available to the
public by posting these documents on its website.

Form 990, Part IX, Line 24c - Net Loss on Extinguishment of Debt

In April 2016, Dartmouth issued New Hampshire Health and Education

Facilities Authority (NHHEFA) Revenue Bonds Dartmouth College Issue,

Series 2016A in the amount of \$165,000,000. The primary purpose of this issue was to refinance \$146,075,000 of the NHHEFA Series 2009 Bonds.

| Schedule O (Form 990 or 990-EZ) (2015) | Page 2 |
|---|---|
| Name of the organization Trustees of Dartmouth College | Employer identification number 02-0222111 |
| Future interest payments due to bondholders of \$19,371,44 | 9, net of |
| \$2,593,760 unamortized issuance costs, totaling \$16,777,6 | 89 is included |
| in Loss on Extinguishment of Debt in Part IX, Line 24c. | |
| In addition, in April 2016, Dartmouth redeemed \$100,000,0 | 00 of the |
| Series 2009 taxable bonds and incurred a \$14,953,874 make | -whole call |
| premium on the early redemption, which is also included i | n Loss on |
| Extinguishment of Debt in Part IX, Line 24c. | |
| | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Net unrealized change in value of non-investment items | 33,234,708. |
| Net change in split-interest agreements | -1,553,637. |
| Rounding | -3. |
| Total to Form 990, Part XI, Line 9 | 31,681,068. |
| | |
| Form 990 Part IV, Line 28c, Business Transactions with In | terested Persons: |
| A special and rigorous conflict-of-interest policy applie | s to Dartmouth |
| investments with firms in which related parties (e.g., Tr | ustees or |
| non-Trustee Investment Committee members) have a financia | l interest. |
| Under the New Hampshire Pecuniary Benefit Law (Revised St | atutes |
| Annotated, Chapter 7:19-a) and Dartmouth's Policy on Pecu | niary Benefit |
| Transactions and Related Party Investments, such investme | nts are |
| strictly regulated. Before such an investment may be mad | e, the |
| Investment Office must submit to the Board of Trustees an | analysis (1) |
| documenting the past performance of funds managed by the | firm in |
| question; and (2) comparing the terms of the proposed inv | estment with |
| the terms of other recent similar investments not involvi | ng related |
| parties. The analysis must also document that Dartmouth' | s investment |
| would not comprise more than 10% of the fund and that oth | er |

| Trustees of Dartmouth College | 02-0222111 |
|---|----------------|
| institutional investors have committed to participate in | the same fund. |
| Based on this information, the proposed investment is con | sidered by the |
| Investment Committee of the Board of Trustees, the Audit | Committee, and |
| the full Board. In each instance, any Trustee or non-Tru | stee |
| Investment Committee member associated with the firm invo | lved in the |
| investment must be recused from the discussion and vote. | The |
| investment may not be made unless the Investment Committe | e and the |
| Board each give their approval by a two-thirds vote. Appr | oval requires |
| a finding that the proposed investment is fair and reason | able to |
| Dartmouth and that it is no less favorable than the terms | of similar |
| recent investments made by Dartmouth not involving relate | d parties. In |
| accordance with State law, a notice of the proposed | |
| investmentidentifying the related party, the investment | firm, and the |
| amount of the investmentis then filed with the State At | torney |
| General's Office and published in the local daily newspap | er. |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Trustees of Dartmouth College

Employer identification number 02-0222111

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Tuck Capital Partners Management, LLC 47-5516892, 100 Tuck Hall, Hanover, NH Trustees of Dartmouth 03755 Investments New Hampshire 0. 99.College Tuck/DEN Ventures Management, LLC -47-5535191, 100 Tuck Hall, Hanover, NH Trustees of Dartmouth 03755 New Hampshire 0. 99.College Investments

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled tity? |
|--|----------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|-------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| Dartmouth Educational Loan Corporation - | | | | | | | |
| 02-0362923, 7 Lebanon St. Suite 302, | | | | | Trustees of | | l |
| Hanover, NH 03755 | Educational Loans | New Hampshire | 501(c)(3) | Line 11a, I | Dartmouth College | X | |
| Centerra Marketplace, Inc 04-3369425 | | | | | | | |
| 7 Lebanon St. Suite 302 | | | | | Trustees of | | |
| Hanover, NH 03755 | Real Estate Holding | New Hampshire | 501(c)(25) | | Dartmouth College | X | |
| Seven Lebanon Street, Inc 02-0514301 | | | | | | | |
| 7 Lebanon St. Suite 302 | | | | | Trustees of | | |
| Hanover, NH 03755 | Real Estate Holding | New Hampshire | 501(c)(25) | | Dartmouth College | X | |
| South Street Downtown Holdings, Inc | | | | | | | |
| 02-0518373, 7 Lebanon St. Suite 302, | | | | | Trustees of | | |
| Hanover, NH 03755 | Real Estate Holding | New Hampshire | 501(c)(25) | | Dartmouth College | Х | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | 3) 512(b)(13) colled zation? |
|--|---------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|---------------------------------------|
| or rolated organization | | loreign country) | 00011011 | 501(c)(3)) | January | Yes | No |
| Foundation for Jewish Life at Dartmouth - | | | | | | 100 | 110 |
| 02-0486238, 7 Lebanon St. Suite 302, | 7 | | | | Trustees of | | |
| Hanover, NH 03755 | Real Estate Holding | New Hampshire | 501(c)(2) | | Dartmouth College | х | |
| Hamden Assurance Risk Retention Group Inc | | | | | | | |
| 20-8530788, 30 Main Street Suite 330, | 7 | | | | Dartmouth-Hitchco | | |
| Burlington, VT 05401 | Insurance | Vermont | 501(c)(3) | Line 11a, I | Clinic | | Х |
| Dartmouth College Trust | | | | | | | |
| 7 Lebanon St. Suite 302 | 7 | | | | Trustees of | | |
| Hanover, NH 03755 | | UNITED KINGDOM | | | Dartmouth College | х | |
| The Dartmouth Educational Association - | | | | | | | |
| 04-6045227, 3 Stoneview Lane, Sharon, MA | 7 | | | Line 11c, | | | |
| 02067 | | Massachusetts | 501(c)(3) | III-FI | N/A | | х |
| Dartmouth-Hitchcock Medical Center - | | | | | | | |
| 22-2715483, One Medical Center Drive, | 7 | | | | | | |
| Lebanon, NH 03756-0001 | ─ Health Care Administration | New Hampshire | 501(c)(3) | Line 11a, I | N/A | | Х |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h | 1) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|---------------------|-------|---|-------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Dispropo allocat | ions? | Code V-UBI amount in box 20 of Schedule | managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | |
| Northaven Capital Partners, | | | | | | | | | | | |
| LP - 20-5997852, 275 Madison | | | | | | | | | | | |
| Ave, 6th Floor, New York, NY | Real Estate | | | | | | | | | | |
| 10016 | Investment | NY | N/A | Related | 14,233,774. | 1,987,526. | | X | N/A | X | 43.08% |
| RP Realty Partners Retail | | | | | | | | | | | |
| Entrepreneurial Fund III-B, |] | | | | | | | | | | |
| LP - 26-1340426, 990 W 8th | Real Estate | | | | | | | | | | |
| St, Ste 600, Los Angeles, CA | Investment | CA | N/A | Related | 1,868,446. | 0. | | X | N/A | X | 99.99% |
| Sarofim Multifamily Partners | | | | | | | | | | | |
| II, LP - 20-8782507, 8115 |] | | | | | | | | | | |
| Preston Rd, Suite 400, | Real Estate | | | | | | | | | | |
| Dallas, TX 75225 | Investment | TX | N/A | Related | -331,129. | -1,550,813. | | X | N/A | X | 50.13% |
| | | | | | | | | | | | |
| Tuck Capital Partners, LP - | | | Trustees of | | | | | | | | |
| 38-3983593, 100 Tuck Hall, |] | | Dartmouth | | | | | | | | |
| Hanover, NH 03755 | Investments | NH | College | Exempt | 0. | 0. | | X | N/A | X | 99.00% |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i Sec | i) |
|--|-----------------------|--|---------------------------|---|-----------------------|-----------------------------------|-------------------------|------------------------|------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership | 512(b contr enti | o)(13) rolled |
| | | country) | | or tracty | | 400010 | | Yes | No |
| | | | Trustees of | | | | | | |
| | | | Dartmouth | | | | | | |
| Charitable Remainder Unitrusts (87) | Fundraising/Developme | NH | College | TRUST | 0. | 0. | | | X |
| | | | Trustees of | | | | | | |
| | 1 | | Dartmouth | | | | | | |
| Pooled Income Funds (3) | Fundraising/Developme | NH | College | TRUST | 0. | 0. | | | X |
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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| | | | 1 (5 | 1 , | , n | | | | | | |
|--|------------------|----------------------------------|---------------------------|--|-----------------------|-----------------------|-----|----------|--|------------------------|-------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | | h) | (i) | (j) | (k) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile | Direct controlling entity | redominant income (related, unrelated, | Share of total income | Share of | | portion- | Code V-UBI | General of managing | Percentage ownership |
| or rolated organization | | (state or foreign country) | Office | Predominant income (related, unrelated, excluded from tax under sections 512-514) | ii loomo | end-of-year assets | | cations? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | - CWITCHSHIP |
| | | country) | | Sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | 4 |
| | _ | | L | | | | | | | | |
| Tuck/DEN Ventures, LP - | | | Trustees of | | | | | | | | |
| 30-0887557, 100 Tuck Hall, | | | Dartmouth | | _ | _ | | | 37/3 | ,, | |
| Hanover, NH 03755 | Investments | NH | College | Exempt | 0. | 0. | | X | N/A | X | 99.00% |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|----|-----|----------|
| | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | Х | <u> </u> |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| С | Gift, grant, or capital contribution from related organization(s) | 1c | | Х |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | X |
| | Purchase of assets from related organization(s) | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | i |
| -1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Х | i |
| | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х |
| | Sharing of paid employees with related organization(s) | 10 | | X |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| | Reimbursement paid by related organization(s) for expenses | 1q | X | ĺ |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | Х | |
| s | Other transfer of cash or property from related organization(s) | 1s | Х | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | • | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|-------------------------------|---|
| (1) Dartmouth Educational Loan Corporation | A | 2,102,100. | Cost |
| (2) Dartmouth Educational Loan Corporation | R | 1,137,882. | Cost |
| (3) Dartmouth Educational Loan Corporation | L | 264,024. | Cost |
| (4) Dartmouth Educational Loan Corporation | Q | 153,548. | Cost |
| (5) Foundation for Jewish Life at Dartmouth | L | 77,016. | Cost |
| (6) Foundation for Jewish Life at Dartmouth | S | 67,748. | Cost |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|------------------------|---|
| (7)Foundation for Jewish Life at Dartmouth | R | 167,497. | Cost |
| (8)Seven Lebanon Street, Inc. | K | 1,334,633. | Cost |
| (9)Seven Lebanon Street, Inc. | S | 524,000. | Cost |
| (10)Seven Lebanon Street, Inc. | L | 103,089. | Cost |
| (11)South Street Downtown Holdings, Inc. | L | 178,806. | Cost |
| (12)South Street Downtown Holdings, Inc. | K | 151,502. | Cost |
| (13)South Street Downtown Holdings, Inc. | S | 1,686,000. | Cost |
| (14)Centerra Marketplace, Inc. | S | 515,000. | Cost |
| (15)Northaven Capital Partners | S | 17,886,000. | Cost |
| RP Realty Partners Retail Entrepreneurial (16)Fund III-B, LP | S | 7,681,081. | Cost |
| (17)Sarofim Multifamily Partners II, LP | S | 1,000,000. | Cost |
| (18)Charitable Remainder Trusts(8) | S | 4,483,213. | Cost |
| (19)Dartmouth College Trust | S | 195,634. | Cost |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) | (b) | (c) | (d) | (e) Are a partners 501(c) orgs. |) | (f) | (g) | (| h) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--|---|------------|----------|-------------|----------|----------------|--|-------------------------|---------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under sections 512-514) | partners | S Sec. | Share of | Share of | Disp | ropor- nate | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Genera managi | or Percentage |
| of entity | | (state or foreign | excluded from tax under | orgs. |)(3) .? | total | end-of-year | alloca | itions? | of Schedule K-1 | partne | ownership |
| | | country) | sections 512-514) | Yes I | | income | assets | Yes | No | (Form 1065) | Yes N | О |
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Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). Part III, Identification of Related Organizations Taxable as Partnership: Name, Address, and EIN of Related Organization: RP Realty Partners Retail Entrepreneurial Fund III-B, LP EIN: 26-1340426 990 W 8th St, Ste 600 Los Angeles, CA 90071 Part IV, Charitable Remainder Trusts and Pooled Income Funds Dartmouth College controls a total of 87 Charitable Remainder Trusts and 3 Pooled Income Funds, all domiciled in the State of New Hampshire.