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Check if Schedule O contains a response to any question in this Part III ☒

TO PREPARE YOUNG PEOPLE, BY MEANS OF A USEFUL EDUCATION IN THE LIBERAL ARTS AND SCIENCES, FOR ENGAGED LIVES
OF CITIZENSHIP AND LEADERSHIP IN THE SERVICE OF SOCIETY

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	Yes
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	Yes
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	13	Yes
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	16	Yes
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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
2a	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.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes
b	If "Yes," enter the name of the foreign country: GM, IT, SP, UK, FR, CM. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
7 Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	
11 Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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.	
c	Enter the amount of reserves on hand.	
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	No

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section 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	1a 38		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 36		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i>	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization’s CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		No
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		No
b	If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed▶AK , AZ , CO , MA , MD , MI , NH , PA , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ THOMAS AK QUEENAN PO BOX 1773 CARLISLE, PA 170132896 (717) 245-1943

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

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

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b	Sub-Total									
c	Total from continuation sheets to Part VII, Section A									
d	Total (add lines 1b and 1c)							3,313,526	0	764,984

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶50

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

Yes

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

Yes

5

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5

No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PYRAMID CONSTRUCTION SERVICES INC 840 NORTH FRONT STREET WORMLEYSBURG, PA 17043	CONSTRUCTION	756,643
POOLE ANDERSON CONSTRUCTION LLC 2121 OLD GATESBURG ROAD STATE COLLEGE, PA 16803	CONSTRUCTION	708,197
TUCKEY MECHANICAL SERVICES INC 140 STOVER DRIVE CARLISLE, PA 17013	MECHANICAL/RESTORATION	355,507
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 23228	MARKETING	231,250
SIEMENS INDUSTRY INC 7850 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	CONSTRUCTION	215,207
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶18	

Form **990** (2010)

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	61,000				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,638,402				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,929,719				
	g	Noncash contributions included in lines 1a-1f \$	278,496				
	h	Total. Add lines 1a-1f	11,629,121				
Program Service Revenue			Business Code				
	2a	TUITION AND FEES	900099	99,877,837	99,877,837		
	b	ROOM AND BOARD	721310	20,887,953	20,887,953		
	c	OTHER AUXILIARY SERVIC	721000	7,430,039	7,222,629	165,626	
	d	PROGRAM-RELATED INVEST	523000	93,819	93,819		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	128,289,648				
Other Revenue	3		Investment income (including dividends, interest and other similar amounts)				
				2,799,323		2,799,323	
	4		Income from investment of tax-exempt bond proceeds	79,651		79,651	
	5		Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses b				
		c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19 a					
		b	Less direct expenses b				
		c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a					
		b	Less cost of goods sold b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUES	900099	2,696,088	2,640,643	55,445		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		2,696,088				
12		Total revenue. See Instructions	150,649,890	130,722,881	221,071	8,076,817	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21	59,800	59,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	33,225,020	33,225,020		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	3,117,045	3,117,045		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,022,535		2,794,020	228,515
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	92,658	75,861		16,797
7	Other salaries and wages	44,812,900	38,879,261	4,176,244	1,757,395
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,775,832	2,253,804	379,334	142,694
9	Other employee benefits	7,742,943	6,512,195	938,953	291,795
10	Payroll taxes	3,474,436	2,889,544	441,652	143,240
a	Fees for services (non-employees) Management				
b	Legal	182,312		182,312	
c	Accounting	156,218		156,218	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	38,352			38,352
f	Investment management fees	1,045,917		1,045,917	
g	Other	1,752,870	1,359,642	260,016	133,212
12	Advertising and promotion	100,936	92,206	8,730	
13	Office expenses	4,677,947	4,116,096	378,101	183,750
14	Information technology	2,208,882	911,845	1,273,563	23,474
15	Royalties	2,187	2,187		
16	Occupancy	7,861,809	7,635,654	185,914	40,241
17	Travel	2,006,001	1,702,799	221,808	81,394
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	477,943	410,666	52,293	14,984
20	Interest	5,126,031	5,126,031		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,648,649	8,277,681	279,059	91,909
23	Insurance	914,957	875,712	29,522	9,723
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD AND ENTERTAINMENT	4,210,512	4,067,148	127,195	16,169
b	TUITION EXPENSE	2,604,373	2,595,373	9,000	0
c	REPAIRS AND MAINTENANCE	1,259,852	1,259,852	0	0
d	BOOKSTORE	1,201,811	1,201,811	0	0
e	OTHER TAXES/PERMITS	110,047	46,481	63,566	0
f	All other expenses	2,693,432	2,073,794	364,411	255,227
25	Total functional expenses. Add lines 1 through 24f	145,604,207	128,767,508	13,367,828	3,468,871
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			298,566	1	119,729
	2	Savings and temporary cash investments			6,696,978	2	11,794,726
	3	Pledges and grants receivable, net			25,960,267	3	23,283,799
	4	Accounts receivable, net			1,933,235	4	2,006,868
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			194,500	5	187,520
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net			178,459	7	162,498
	8	Inventories for sale or use			550,766	8	542,916
	9	Prepaid expenses and deferred charges			3,352,806	9	3,362,657
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	284,794,961			
	b	Less: accumulated depreciation	10b	117,694,241	165,782,270	10c	167,100,720
	11	Investments—publicly traded securities			14,589,215	11	20,682,737
	12	Investments—other securities. See Part IV, line 11			263,312,901	12	306,988,111
	13	Investments—program-related. See Part IV, line 11			6,664,121	13	6,618,922
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10,326,380	15	6,110,398
16	Total assets. Add lines 1 through 15 (must equal line 34)			499,840,464	16	548,961,601	
Liabilities	17	Accounts payable and accrued expenses			6,425,901	17	7,183,726
	18	Grants payable				18	
	19	Deferred revenue			5,033,073	19	5,468,423
	20	Tax-exempt bond liabilities			113,773,916	20	111,510,734
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			861,129	21	944,614
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			10,862,616	25	9,456,337
	26	Total liabilities. Add lines 17 through 25			136,956,635	26	134,563,834
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			225,571,464	27	255,662,468
	28	Temporarily restricted net assets			38,382,571	28	53,722,439
	29	Permanently restricted net assets			98,929,794	29	105,012,860
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			362,883,829	33	414,397,767
34	Total liabilities and net assets/fund balances			499,840,464	34	548,961,601	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,649,890
2	Total expenses (must equal Part IX, column (A), line 25)	2	145,604,207
3	Revenue less expenses Subtract line 2 from line 1	3	5,045,683
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	362,883,829
5	Other changes in net assets or fund balances (explain in Schedule O)	5	46,468,255
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	414,397,767

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
---	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter 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 **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)


Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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						



Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						




Part IIIPart 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 23-1365954

Name: DICKINSON COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER H REILLY TRUSTEE	1 00	X						0	0	0
CYNTHIA R STITES TRUSTEE	1 00	X						0	0	0
MICHAEL A BLOOM TRUSTEE	1 00	X						0	0	0
JAMES D CHAMBERS TRUSTEE	1 00	X						0	0	0
CAROL CAMPBELL HAISLIP TRUSTEE	1 00	X						0	0	0
MARGARET STEWART LINDSAY TRUSTEE	1 00	X						0	0	0
SUSAN WYCKOFF POHL TRUSTEE	1 00	X						0	0	0
MICHELE MAHONEY RICHARDSON TRUSTEE	1 00	X						0	0	0
CAROL JONES SAUNDERS TRUSTEE	1 00	X						0	0	0
SYLVIA J SMITH TRUSTEE	1 00	X						0	0	0
C STEWART W SPAHR TRUSTEE	1 00	X						0	0	0
CAROLYN WHERLY CLEVELAND TRUSTEE	1 00	X						0	0	0
JOHN J CURLEY TRUSTEE	1 00	X						0	0	0
SHERWOOD D GOLDBERG TRUSTEE	1 00	X						0	0	0
JULIE I JOHNSON TRUSTEE	1 00	X						0	0	0
JOHN E JONES III TRUSTEE	1 00	X						0	0	0
HOWARD J LALLI TRUSTEE	1 00	X						0	0	0
MARK I LEHMAN TRUSTEE	1 00	X						0	0	0
AMY L NAUIOKAS TRUSTEE	1 00	X						0	0	0
DOUGLAS J PAULS TRUSTEE	1 00	X						0	0	0
JENNIFER WARD REYNOLDS TRUSTEE/CHAIR	1 00	X		X				0	0	0
R DAVID WECHSLER TRUSTEE	1 00	X						0	0	0
NEAL B ABRAHAM TRUSTEE	1 00	X						0	0	0
FRANK E JAMES III TRUSTEE	1 00	X						0	0	0
THOMAS L KALARIS TRUSTEE/VICE CHAIR	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
WILLIAM P LINCKE TRUSTEE	1 00	X						0	0	0	
KELLIE L NEWTON TRUSTEE	1 00	X						0	0	0	
STUART M ROSEN TRUSTEE	1 00	X						0	0	0	
FRANK M SANDS TRUSTEE	1 00	X						0	0	0	
RF SHANGRAW JR TRUSTEE	1 00	X						0	0	0	
CRAIG C WEEKS TRUSTEE	1 00	X						0	0	0	
WYNNE STUART AMICK TRUSTEE	1 00	X						0	0	0	
ERIC DENKER TRUSTEE	1 00	X						0	0	0	
STEVEN GALLEN EDELSHEIM TRUSTEE	1 00	X						0	0	0	
RUTH A FERGUSON TRUSTEE	1 00	X						0	0	0	
M ROBERT MISTICK TRUSTEE	1 00	X						0	0	0	
WILLIAM L MUELLER TRUSTEE	1 00	X						0	0	0	
WILLIAM G DURDEN PRESIDENT	40 00	X		X				558,299	0	103,440	
ANNETTE S PARKER VP AND TREASURER	40 00			X				220,943	0	49,312	
DAVID S WALKER ASSOC VP AND ASSOC TREASURER	40 00			X				141,448	0	28,080	
KAREN NEELY FARYNIAK CHIEF OF STAFF AND SECRETARY	40 00			X				111,221	0	19,660	
ANN M DYKSTRA CHIEF OF STAFF AND SECRETARY	40 00			X				80,919	0	10,877	
MELISSA G KEEBLER ASST CHIEF OF STAFF	40 00			X				47,409	0	11,006	
THOMAS AK QUEENAN VP FINANCE/ADMINISTRATION	40 00			X				0	0	0	
NEIL B WEISSMAN PROVOST AND DEAN	40 00				X			279,367	0	55,620	
DONALD A HASSELTINE VP COLLEGE ADVANCEMENT	40 00				X			223,312	0	56,701	
JOHN A WEIS VP HR SERVICES	40 00				X			205,907	0	79,878	
STEPHANIE S BALMER VP ENROLL/COMM AND DEAN ADMISSIONS	40 00				X			193,705	0	45,429	
ROBERT E RENAUD VP AND CIO	40 00				X			166,291	0	38,779	
KENNETH E SHULTES INTERIM VP CAMPUS OPS	40 00				X			164,193	0	28,213	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANA E SCADUTO GENERAL COUNSEL	40 00					X		237,317	0	38,929
BRIAN J WHALEN PRES/CEO FORUM ON EDUC ABROAD	40 00					X		159,853	0	77,338
HAROLD L POHLMAN PROFESSOR	40 00					X		141,214	0	25,033
SUSAN D ROSE PROFESSOR	40 00					X		138,180	0	63,149
ROBERT P WINSTON PROFESSOR	40 00					X		129,235	0	25,065
ROBERT J MASSA FORMER VP EMCR	0 00						X	114,713	0	8,475

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
--	---

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 23,900
(ii) Assets included in Form 990, Part X	▶ \$ 2,367,497

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	309,076,283	276,019,623	345,626,580	
b	Contributions	5,444,565	4,198,184	3,844,338	
c	Investment earnings or losses	54,532,628	40,449,270	-61,407,816	
d	Grants or scholarships	3,806,162	3,649,377	3,654,307	
e	Other expenditures for facilities and programs	6,282,033	6,076,670	5,770,350	
f	Administrative expenses	2,063,471	1,864,747	2,618,822	
g	End of year balance	356,901,810	309,076,283	276,019,623	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 57 040 %

b

Permanent endowment ▶ 29 410 %

c

Term endowment ▶ 13 550 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	9,041,861	11,215,155		20,257,016
b Buildings		217,387,967	86,030,113	131,357,854
c Leasehold improvements		3,454,895	1,298,667	2,156,228
d Equipment		19,954,495	16,742,137	3,212,358
e Other		23,740,588	13,623,324	10,117,264
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				167,100,720

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	150,649,890
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	145,604,207
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,045,683
4	Net unrealized gains (losses) on investments	4	46,468,255
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	46,468,255
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	51,513,938

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	159,789,356
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	46,468,255
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-36,282,872
e	Add lines 2a through 2d	2e	10,185,383
3	Subtract line 2e from line 1	3	149,603,973
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,045,917
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	1,045,917
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	150,649,890

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	108,275,418
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	108,275,418
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	37,328,789
c	Add lines 4a and 4b	4c	37,328,789
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	145,604,207

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE EMIL R. WEISS CENTER FOR THE ARTS HOUSES THE TROUT GALLERY, WHICH IS USED FOR A VARIETY OF EXHIBITIONS, LECTURES, AND DEMONSTRATIONS RELATING TO THE COLLEGE'S FINE ARTS COLLECTION. THE TROUT GALLERY SERVES AS A CONTINUOUS DISPLAY OF ART EXHIBITS AND IS LOCATED IN SUCH AN AREA OF THE CAMPUS SO AS TO STIMULATE GENERAL STUDENT INTEREST AND BE A SERVICE TO THE HUMANITIES.
	PART IV, LINE 2B	FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE FUNDS RECEIVED FROM OFFICIALLY RECOGNIZED STUDENT ORGANIZATIONS AND OTHER ORGANIZATIONS SPECIFICALLY APPROVED BY THE TREASURER'S OFFICE. RELATED ASSETS ARE REPORTED ON FORM 990, PART X AND ARE ACCOUNTED FOR IN A MANNER CONSISTENT WITH THE COLLEGE'S REPORTING SYSTEM.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 860 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING FINANCIAL AID, FACULTY SALARIES AND BENEFITS, LIBRARY RESOURCES, BUILDING MAINTENANCE, STUDENT LOANS, AND OTHER SUPPORT. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE ENDOWMENT SPENDING RATE PLUS INFLATION, DEFINED AS THE CONSUMER PRICE INDEX PLUS 1%, WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT RISK. SPENDING FROM THE ENDOWMENT PROVIDES APPROXIMATELY 8% OF DICKINSON'S OPERATING BUDGET REVENUES, OR ABOUT \$8.4 MILLION PER YEAR. THE POOLED ENDOWMENT POSTED RETURNS OF 20.2% FOR THE FISCAL YEAR ENDED JUNE 30, 2011, AND HAS AVERAGED AN ANNUAL RETURN OF 7.0% OVER THE LAST DECADE, PLACING THE COLLEGE IN THE TOP QUARTILE OF PERFORMANCE FOR HIGHER EDUCATION ENDOWMENTS (ACCORDING TO THE 2011 NACUBO-COMMONFUND STUDY OF ENDOWMENTS).
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY, NO PROVISIONS FOR INCOME TAXES HAVE BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COLLEGE AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE, AND HAS CONCLUDED THAT AS OF JUNE 30, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT AID OFFSETTING REVENUES IN FINANCIAL STATEMENTS -36,282,872
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT AID INCLUDED WITH GRANTS ON THE 990 36,282,872. INVESTMENT FEES OFFSETTING REVENUES IN THE FINANCIAL STATEMENTS 1,045,917

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to 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

2010

Open to Public
Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number

23-1365954

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 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 If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d 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

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE'S POLICY ON NONDISCRIMINATION IS INCLUDED IN ALL PRINTED SOLICITATION MATERIALS AND IS MAINTAINED FOR PUBLIC ACCESS VIA THE COLLEGE WEB SITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	BEYOND THE NUMEROUS INDIVIDUAL RESEARCH GRANTS AWARDED TO OUR FACULTY, DICKINSON COLLEGE HAS RECEIVED SEVERAL NATIONALLY COMPETITIVE INSTITUTIONAL AWARDS IN RECENT YEARS. THESE GRANTS ARE SIGNIFICANT NOT ONLY BECAUSE OF THE FUNDING THEY PROVIDE TO SUPPORT PEDAGOGICAL INNOVATION AND NEW PROGRAM INITIATIVES, BUT ALSO BECAUSE THEY PROVIDE EXTERNAL VALIDATION FOR THE EXCELLENCE OF OUR ACADEMIC ENTERPRISE. THEY REFLECT THE COLLEGE'S STRATEGIC VISION OF AN ACADEMIC CURRICULUM THAT COMBINES A STRONG COMMITMENT TO THE BEST TRADITIONS OF THE LIBERAL ARTS WITH A DESIRE TO INNOVATE AND INTRODUCE PROGRAMMING THAT SPEAKS TO CONTEMPORARY CONCERNS.

OMB No 1545-0047

**Open to Public
Inspection**

23-1365954

3 Activities per Region (Use Part V if additional space is needed)

Schedule F (Form 990) 2010

1

(i) Method of valuation (book, FMV, appraisal, other)

3 Enter total number of other organizations or entities

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	CENTRAL AMERICA AND THE CARIBBEAN	7			71,230	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	EAST ASIA AND THE PACIFIC	45			691,100	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	EUROPE (INCLUDING ICELAND & GREENLAND)	126			1,882,723	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	MIDDLE EAST AND NORTH AFRICA	13			144,233	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	RUSSIA & THE NEWLY INDEPENDENT STATES	6			54,454	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SOUTH AMERICA	13			149,860	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SOUTH ASIA	4			37,385	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SUB-SAHARAN AFRICA	13			86,060	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER

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 (see instructions for Form 926)*

☒ 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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ 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)*

☒ 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ 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)*

☒ 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE COLLEGE'S INSTITUTIONAL METHODOLOGY USED TO DETERMINE ELIGIBILITY FOR GRANT FUNDS IS OUTLINED IN SCHEDULE I, PART IV GRANT FUNDS PROVIDED TO INDIVIDUALS OUTSIDE OF THE UNITED STATES INCLUDE FINANCIAL AID AWARDS FOR STUDENTS STUDYING ABROAD

Additional Data

Software ID:
Software Version:
EIN: 23-1365954
Name: DICKINSON COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		50,081,873
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS AND OTHER ASSISTANCE		71,230
CENTRAL AMERICA AND THE CARIBBEAN	0	0	RESEARCH AND DEVELOPMENT		1,500
EAST ASIA AND THE PACIFIC	0	33	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	1,547,403
EAST ASIA AND THE PACIFIC	0	0	GRANTS AND OTHER ASSISTANCE		691,100
EAST ASIA AND THE PACIFIC	0	0	RESEARCH AND DEVELOPMENT		14,100
EAST ASIA AND THE PACIFIC	0	0	ADMISSIONS RECRUITING		4,506
EUROPE (INCLUDING ICELAND & GREENLAND)	5	158	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	5,652,521
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS AND OTHER ASSISTANCE		1,882,723
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		499,171
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	RESEARCH AND DEVELOPMENT		65,651
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		9,097
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	ADMISSIONS RECRUITING		5,111
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		144,233
MIDDLE EAST AND NORTH AFRICA	0	8	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	38,229
MIDDLE EAST AND NORTH AFRICA	0	0	RESEARCH AND DEVELOPMENT		2,724
NORTH AMERICA	0	0	RESEARCH AND DEVELOPMENT		14,420
RUSSIA & THE NEWLY INDEPENDENT STATES	0	17	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	179,607
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS AND OTHER ASSISTANCE		54,454
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	RESEARCH AND DEVELOPMENT		1,500
SOUTH AMERICA	0	0	GRANTS AND OTHER ASSISTANCE		149,860
SOUTH AMERICA	0	0	RESEARCH AND DEVELOPMENT		40,890
SOUTH ASIA	0	0	GRANTS AND OTHER ASSISTANCE		37,385
SOUTH ASIA	0	0	RESEARCH AND DEVELOPMENT		2,711
SUB-SAHARAN AFRICA	0	48	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	271,688
SUB-SAHARAN AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		86,060

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to 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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☐

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE DEVELOPMENT CONSULTING PO BOX 1486 FREDERICK, MD 21702	STRATEGIC CONSULTING FOR PLANNED GIVING		No	0	38,352	- 38,352
Total ▶					38,352	- 38,352

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DICKINSON COLLEGE

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
23-1365954

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) DOWNTOWN CARLISLE ASSOCIATION53 WEST SOUTH STREET CARLISLE, PA 17013	23-2224862	501(C)(3)	51,500		FMV		GENERAL COMMUNITY SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

1

3

Enter total number of other organizations

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
(1) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS	1456		33,165,827	OTHER	NON-CASH CREDIT TO STUDENT ACCOUNTS
(2) ACADEMIC AWARDS AND FELLOWSHIPS FOR STUDENTS	111	59,193			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DURING 2010-11, 62% OF THE TOTAL DICKINSON STUDENT BODY RECEIVED FINANCIAL AID FROM THE COLLEGE SINCE MOST OF THE COLLEGE'S GRANT AWARDS ARE MADE TO STUDENTS WITH DEMONSTRATED FINANCIAL NEED, THE MAJORITY OF THESE FUNDS SUPPLEMENTED THE CONTRIBUTION THAT ELIGIBLE FAMILIES MADE TOWARD TUITION, FEES, ROOM AND BOARD CHARGES THE COLLEGE'S INSTITUTIONAL METHODOLOGY USED TO DETERMINE ELIGIBILITY FOR GRANT FUNDS CONSIDERS ADDITIONAL FACTORS BEYOND THE DATA ITEMS REQUESTED ON THE FAFSA THESE INCLUDE (BUT ARE NOT LIMITED TO) HOME EQUITY, A CONTRIBUTION FROM THE NONCUSTODIAL PARENT, AND IN THE CASE OF A FAMILY WITH MORE THAN ONE STUDENT IN COLLEGE, AN EVALUATION OF THE ACTUAL COSTS INVOLVED IN SUPPORTING THE OTHER STUDENT(S) PARENTS IN COLLEGE AND SIBLINGS IN GRADUATE SCHOOL ARE NOT NORMALLY COUNTED AS OTHER FAMILY MEMBERS IN COLLEGE DICKINSON EXPECTS EACH FINANCIAL AID RECIPIENT TO WORK DURING THE SUMMER AND CONTRIBUTE A MINIMUM OF \$1,750 TOWARD COLLEGE COSTS STUDENTS ARE ALSO EXPECTED TO CONTRIBUTE A PORTION OF THEIR ASSETS EACH YEAR FOR EDUCATIONAL EXPENSES SOME STUDENTS RECEIVE EDUCATIONAL BENEFITS FROM GOVERNMENTAL AGENCIES SUCH AS THE VETERANS' ADMINISTRATION AND STATE BUREAUS OF VOCATIONAL REHABILITATION OR FROM PARENTS' EMPLOYERS IN THE FORM OF TUITION REMISSION SUCH BENEFITS MUST BE TAKEN INTO CONSIDERATION WHEN DETERMINING THE FINANCIAL AID PACKAGE THE FINANCIAL AID AWARD NOTICE WILL LIST ALL THE FINANCIAL AID PROGRAMS FOR WHICH THE STUDENT IS ELIGIBLE THE AMOUNT OF FINANCIAL AID THAT THE STUDENT RECEIVES FROM THESE PROGRAMS DEPENDS ON THE STUDENT'S COMPUTED NEED THE AMOUNT OF DICKINSON GRANT AND SCHOLARSHIP AID MAY ALSO BE INFLUENCED BY THE ACADEMIC ACHIEVEMENT AND PROMISE OF THE APPLICANT STUDENTS' FINANCIAL NEED IS RECALCULATED FOR EACH YEAR OF ATTENDANCE, AS A RESULT, AWARDED AMOUNTS OF NEED-BASED AID MAY VARY AS NEED CHANGES THE COLLEGE ATTEMPTS TO MAINTAIN APPROXIMATELY THE SAME AMOUNT OF DICKINSON GRANT FUNDS FROM YEAR TO YEAR UNLESS NEED CHANGES SIGNIFICANTLY THE STUDENT IS REQUIRED TO SUBMIT A PROFILE APPLICATION IF, AS A RESULT OF A SIGNIFICANT CHANGE IN FAMILY CIRCUMSTANCES, ADDITIONAL ASSISTANCE IS BEING REQUESTED
OTHER INFORMATION	PART IV	SCHEDULE I, PART III GRANTS AND ASSISTANCE ARE APPLIED TO STUDENT ACCOUNTS AFTER THE START OF EACH SEMESTER OR TERM DOMESTIC GRANTS AND ASSISTANCE TO INDIVIDUALS REPORTED ON SCHEDULE I INCLUDE FINANCIAL AID PROVIDED TO STUDENTS STUDYING AT THE MAIN CAMPUS IN CARLISLE OR AT OTHER DOMESTIC PROGRAM LOCATIONS FOREIGN GRANTS AND ASSISTANCE TO INDIVIDUALS REPORTED ON SCHEDULE F INCLUDE FINANCIAL AID PROVIDED TO STUDENTS STUDYING ABROAD

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM G DURDEN	(i)	532,264	0	26,035	62,082	41,358	661,739	0
	(ii)	0	0	0	0	0	0	0
(2) ANNETTE S PARKER	(i)	217,847	0	3,096	36,429	12,883	270,255	0
	(ii)	0	0	0	0	0	0	0
(3) DAVID S WALKER	(i)	140,744	0	704	10,636	17,444	169,528	0
	(ii)	0	0	0	0	0	0	0
(4) NEIL B WEISSMAN	(i)	272,434	0	6,933	42,674	12,946	334,987	0
	(ii)	0	0	0	0	0	0	0
(5) DONALD A HASSELTINE	(i)	206,419	0	16,893	35,576	21,125	280,013	0
	(ii)	0	0	0	0	0	0	0
(6) JOHN A WEIS	(i)	200,527	0	5,380	33,073	46,805	285,785	0
	(ii)	0	0	0	0	0	0	0
(7) STEPHANIE S BALMER	(i)	193,292	0	413	30,561	14,868	239,134	0
	(ii)	0	0	0	0	0	0	0
(8) ROBERT E RENAUD	(i)	163,969	0	2,322	27,299	11,480	205,070	0
	(ii)	0	0	0	0	0	0	0
(9) KENNETH E SHULTES	(i)	163,646	0	547	12,133	16,080	192,406	0
	(ii)	0	0	0	0	0	0	0
(10) DANA E SCADUTO	(i)	213,888	0	23,429	37,256	1,673	276,246	0
	(ii)	0	0	0	0	0	0	0
(11) BRIAN J WHALEN	(i)	158,651	0	1,202	11,724	65,614	237,191	0
	(ii)	0	0	0	0	0	0	0
(12) HAROLD L POHLMAN	(i)	134,620	0	6,594	10,143	14,890	166,247	0
	(ii)	0	0	0	0	0	0	0
(13) SUSAN D ROSE	(i)	136,086	0	2,094	9,250	53,899	201,329	0
	(ii)	0	0	0	0	0	0	0
(14) ROBERT P WINSTON	(i)	127,061	0	2,174	8,016	17,049	154,300	0
	(ii)	0	0	0	0	0	0	0
(15) ROBERT J MASSA	(i)	0	0	114,713	7,955	520	123,188	52,850
	(ii)	0	0	0	0	0	0	0
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT AND HIS SPOUSE SERVE AS AMBASSADORS FOR THE COLLEGE AND FULFILL A KEY ADMINISTRATIVE ROLE IN COLLEGE ADVANCEMENT AND FUNDRAISING EFFORTS. THE PRESIDENT'S SPOUSE SERVES IN THE ROLE OF COLLEGE RELATIONS OFFICER. TRAVEL RELATED ONLY TO THE RESPONSIBILITIES OF THIS FUNCTION IS REIMBURSED IN ACCORDANCE WITH THE COLLEGE'S WRITTEN PROCUREMENT GUIDELINES AND IS NOT REPORTED AS TAXABLE COMPENSATION TO THE PRESIDENT. TRAVEL OUTSIDE OF THIS FUNCTION IS NOT REIMBURSED. COLLEGE-OWNED HOUSING IS PROVIDED TO THE PRESIDENT AS A CONDITION OF EMPLOYMENT. THE HOUSEHOLD MANAGER OF THE PRESIDENT'S HOUSE IS RESPONSIBLE FOR KEEPING THE HOUSE SECURE, WELL-MAINTAINED, AND PHYSICALLY AND AESTHETICALLY COMFORTABLE FOR THE RESIDENTS AND VISITORS. THIS FULL-TIME POSITION IS ALSO RESPONSIBLE FOR SUPERVISING HOUSEKEEPERS, PROJECT CREWS, CATERING CREWS, OUTSIDE VENDORS PERFORMING WORK ON THE PROPERTY AND IN THE HOUSE, AND HOME REPAIR AND IMPROVEMENT CREWS. THE FAIR VALUE OF HOUSING AND RELATED SERVICES ARE REPORTED UNDER 'NONTAXABLE BENEFITS' IN PART II.

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

DLN: 93493118004052

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY	23-2243852	70917NYH1	10-23-2003	13,585,595	REFINANCING		X		X		X
B MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY	23-2447147	613603RZ4	05-18-2006	44,091,361	REFINANCING AND CONSTRUCTION		X		X		X
C CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NBX4	06-01-2007	23,675,635	CONSTRUCTION		X		X		X
D CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCP0	03-31-2008	18,277,445	REFINANCING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	13,643,539		44,443,327		24,328,875		18,277,454	
4	Gross proceeds in reserve funds	1,209,279		4,145,030				9	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	11,815,000		20,700,216				18,048,311	
7	Issuance costs from proceeds	178,335		438,999		266,878		228,798	
8	Credit enhancement from proceeds	414,099		297,905		392,000			
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	18,861,177		18,861,177		23,669,997			
11	Other spent proceeds	26,826						336	
12	Other unspent proceeds								
13	Year of substantial completion	2003		2007		2008		2008	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X			X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X			X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, 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		X				

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

Cat No 50193E

Schedule K (Form 990) 2010

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
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	0 010 %		0 %					
6	Total of lines 4 and 5	0 010 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a 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?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE	TOTAL PROCEEDS OF EACH ISSUE DIFFER FROM THE ISSUE PRICE DUE TO ACCRUED INTEREST RECEIVED AT CLOSING, INVESTMENT EARNINGS ON FUNDS HELD BY THE TRUSTEE, OR A COMBINATION THEREOF

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DICKINSON COLLEGE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
23-1365954

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCR6	09-30-2009	10,000,000	CONSTRUCTION		X		X		X
B CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	230614DT3	09-30-2009	5,000,000	CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,000,370		5,000,909					
4	Gross proceeds in reserve funds	1							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	120,141		61,648					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	9,880,228		4,183,183					
11	Other spent proceeds								
12	Other unspent proceeds	756,078		756,078					
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, 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		X				

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
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	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number

23-1365954

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on 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

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) DONALD A HASSELTINE BRIDGE LOAN FOR HOME PURCHASE		X	25,000	17,957		No		No	Yes	
(2) ROBERT J MASSA ADVANCE FUNDING FOR EARLY RETIREMENT PLAN LIABILITIES		X	124,118	124,947		No		No	Yes	
(3) NICKOLAS G STAMOS ADVANCE FUNDING FOR EARLY RETIREMENT PLAN LIABILITIES		X	44,342	44,616		No		No	Yes	
Total					\$ 187,520					

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, 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
(1) ELKE F DURDEN	FAMILY	30,153	EMPLOYMENT OF FAMILY MEMBER OF WILLIAM G DURDEN, OFFICER AND TRUSTEE		No
(2) REBECCA T BLISS	FAMILY	45,708	EMPLOYMENT OF FAMILY MEMBER OF DONALD A HASSELTINE, KEY EMPLOYEE		No
(3) MEGHAN E JONES	FAMILY	16,797	EMPLOYMENT OF FAMILY MEMBER OF JOHN E JONES III, TRUSTEE		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	2	23,900	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,491	COMPARABLE SALES
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	53	224,962	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (COMPUTERS/EQUIP)	X	3	28,143	COMPARABLE SALES
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			4

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I COLUMN (B) IS BASED ON THE NUMBER OF DONATIONS TO THE COLLEGE, AS OPPOSED TO THE NUMBER OF ITEMS DONATED
THIRD PARTY USE	PART I, LINE 32B	MORGAN STANLEY'S BROKERAGE FIRM PROCESSES AND SELLS STOCK GIFTS RECEIVED BY THE COLLEGE

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
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Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	APPROXIMATELY 2,775 INDIVIDUALS PROVIDED VOLUNTEER SERVICES FOR THE COLLEGE ON A PART-TIME BASIS DURING FISCAL YEAR 2010-11 IN ADDITION TO MEMBERS OF THE BOARD OF TRUSTEES AND CAMPAIGN STEERING COMMITTEE, THE DICKINSON VOLUNTEER NETWORK INCLUDES OPPORTUNITIES IN ADMISSIONS, ADVANCEMENT, COLLEGE RELATIONS AND THE CAREER CENTER

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 1A	THE TOTAL NUMBER OF FORMS SUBMITTED INCLUDES 1098-T (2,674), 1099-MISC (448), AND 1099-R (49)

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY THE CONTROLLER IN CONSULTATION WITH VARIOUS DEPARTMENTS ON CAMPUS. THE DRAFT 990 IS PRESENTED TO THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, ALONG WITH THE COLLEGE'S TAX REVIEWERS AT KPMG LLP. UPON COMPLETION OF THE REVIEW AND ASSOCIATED REVISIONS, THE DRAFT 990 IS REVIEWED WITH THE SUBCOMMITTEE ON AUDIT AND COMPLIANCE VIA CONFERENCE CALL (AN ELECTRONIC COPY OF THE DRAFT IS PROVIDED TO EACH SUBCOMMITTEE MEMBER PRIOR TO THE CALL). THE FINAL DRAFT 990 IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD VIA THE TRUSTEE WEBSITE, BEFORE FILING.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH TRUSTEE, OFFICER, OR DESIGNATED PERSON IS EXPECTED TO REPORT PROMPTLY TO THE PRESIDENT OF THE COLLEGE OR TO THE CHAIRMAN OF THE BOARD OF TRUSTEES THE EXISTENCE OF ANY BUSINESS RELATIONSHIP OR INTEREST, AS IT ARISES, WHICH ACTUALLY OR POTENTIALLY INVOLVES OR MAY APPEAR TO INVOLVE A CONFLICT OF INTEREST. EACH TRUSTEE, OFFICER AND DESIGNATED PERSON IS ASKED TO SIGN A STATEMENT OF DISCLOSURE REFLECTING HIS OR HER AWARENESS AND UNDERSTANDING OF THE COLLEGE'S STATEMENT OF POLICY ON CONFLICTS OF INTEREST, AND COMPLIANCE WITH IT, ON AN ANNUAL BASIS. DESIGNATED PERSONS INCLUDE, BUT ARE NOT LIMITED TO, KEY EMPLOYEES OF THE COLLEGE AS REPORTED ON FORM 990. EACH ACTUAL OR POTENTIAL CONFLICT SHALL BE ADDRESSED ON A CASE-BY-CASE BASIS IN CONTEXT OF THE PERTINENT FACTS. NO CONTRACT OR TRANSACTION BETWEEN THE COLLEGE AND ONE OR MORE OF ITS TRUSTEES, OFFICERS OR DESIGNATED PERSONS SHALL BE VOID OR VOIDABLE SOLELY FOR SUCH REASON AS LONG AS ONE OF THE FOLLOWING CONDITIONS EXISTS:</p> <ol style="list-style-type: none"> 1. WHERE THE NATURE OF THE CONFLICT IS SUCH THAT THE INDIVIDUAL INVOLVED IS NOT ABLE TO DISCLOSE THE DETAILS THEREOF WITHOUT BREACHING OTHER CONFIDENCES, HE MUST, UPON NOTICE TO THE PRESIDENT OF THE COLLEGE OR THE CHAIRMAN OF THE BOARD OF TRUSTEES, REMOVE HIMSELF FROM ALL MEETINGS, DISCUSSIONS, DELIBERATIONS AND ACTIONS AT WHICH THE MATTER IS CONSIDERED; 2. THE MATERIAL FACTS AS TO SUCH RELATIONSHIP OR INTEREST, AND AS TO THE CONTRACT OR TRANSACTION, ARE DISCLOSED OR ARE KNOWN TO THE BOARD AND THE BOARD IN GOOD FAITH AUTHORIZES THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED TRUSTEES, EVEN THOUGH THE DISINTERESTED TRUSTEES ARE LESS THAN A QUORUM; OR 3. THE CONTRACT OR TRANSACTION IS FAIR AS TO THE COLLEGE AS OF THE TIME IT IS AUTHORIZED, APPROVED OR RATIFIED BY THE BOARD. <p>COMMON OR INTERESTED TRUSTEES MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF TRUSTEES WHICH AUTHORIZES A CONTRACT OR TRANSACTION. WHEN IT IS CONCLUDED THAT A CONFLICT ACTUALLY OR POTENTIALLY EXISTS, AND THE ABOVE PROCESS TO ADDRESS THE CONFLICT HAS NOT BEEN FOLLOWED, ACTION MAY INCLUDE SUSPENSION IN WHOLE OR IN PART OF THE INDIVIDUAL'S DUTIES WITH THE COLLEGE FOR SUCH PERIOD OF TIME AND/OR AS TO SUCH MATTERS AS MAY BE DEEMED APPROPRIATE BY THE BOARD OF TRUSTEES, OR REQUESTING THE RESIGNATION OF THE INDIVIDUAL FROM THE BOARD OR FROM THE OFFICE OR EXCLUDING THE INDIVIDUAL WITH THE CONFLICT FROM ALL MEETINGS, DISCUSSIONS, DELIBERATIONS, ACTIONS OR VOTES RELATED TO THE SUBJECT OF THE CONFLICT.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE SUBCOMMITTEE ON EXECUTIVE COMPENSATION MEETS ON AN ANNUAL BASIS TO REVIEW THE TOTAL COMPENSATION PACKAGES FOR THE PRESIDENT AND SENIOR OFFICERS. PRIOR TO THE MEETING, THE VICE PRESIDENT FOR HUMAN RESOURCE SERVICES PROVIDES THE SUBCOMMITTEE WITH COMPARATIVE COMPENSATION DATA FROM TWO SEPARATE HIGHER EDUCATION EXECUTIVE COMPENSATION SURVEYS. AFTER THE MEETING, THE BOARD CHAIR PREPARES A COMPENSATION LETTER, NOTING THE AGREED-UPON SALARY AND BENEFITS PACKAGE FOR THE PRESIDENT, AND CONFIRMING THAT THE SUBCOMMITTEE REVIEWED THE COMPENSATION AND COMPARABLES FOR POSITIONS THAT REPORT TO THE PRESIDENT (THE PRESIDENT APPROVES ANY CHANGES TO THE COMPENSATION OF SENIOR OFFICERS). THE COMPENSATION LETTER IS PROVIDED TO THE VICE PRESIDENT FOR HUMAN RESOURCE SERVICES TO CARRY OUT THE CHANGES FOR THE UPCOMING FISCAL YEAR (IF ANY). THE VICE PRESIDENT FOR HUMAN RESOURCE SERVICES MAINTAINS THE ORIGINAL COPY OF THE COMPENSATION LETTER, ALONG WITH ALL OTHER INFORMATION PROVIDED TO THE SUBCOMMITTEE IN SUPPORT OF THEIR REVIEW.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FORM 1023, 990 AND 990-T ARE MADE AVAILABLE UPON REQUEST FORM 990 IS ALSO AVAILABLE ON WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE COLLEGE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST IN ADDITION, THE COLLEGE'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE DICKINSON COLLEGE WEBSITE

Identifier	Return Reference	Explanation
COMPENSATION FOR THOMAS A K QUEENAN	FORM 990, PART VII, SECTION A	THOMAS A K QUEENAN JOINED THE COLLEGE AS VICE PRESIDENT FOR FINANCE AND ADMINISTRATION ON FEBRUARY 1, 2011 THOMAS WAS REPORTED UNDER PART VII AS AN OFFICER OF THE COLLEGE DURING FISCAL YEAR 2010-2011, BUT DID NOT EARN ANY COMPENSATION DURING CALENDAR YEAR 2010, WHICH IS THE TIME PERIOD CONSIDERED FOR PART VII COMPENSATION REPORTING

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 46,468,255

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DICKINSON COLLEGE EMPLOYEE VEBA TRUST PO BOX 1773 CARLISLE, PA 17013 04-3838462	VEBA TRUST	PA	501(C)(9)	N/A	DICKINSON COLLEGE		No
(2) DICKINSON COLLEGE EMPLOYER VEBA TRUST PO BOX 1773 CARLISLE, PA 17013 04-3838439	VEBA TRUST	PA	501(C)(9)	N/A	DICKINSON COLLEGE		No

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DICKINSON COLLEGE EMPLOYER VEBA TRUST	Q	199,313	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 23-1365954
Name: DICKINSON COLLEGE

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
JDB CHARITABLE REMAINDER UNITRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 91-2142518	ANNUITY	PA	N/A	T		155,063	63 400 %
RPL CHARITABLE REMAINDER UNITRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 45-6539305	ANNUITY	PA	N/A	T		119,520	75 890 %
WGM CHARITABLE REMAINDER UNITRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 91-2129815	ANNUITY	PA	N/A	T		696,995	73 060 %
SWW CHARITABLE REMAINDER UNITRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 23-6605466	ANNUITY	PA	N/A	T		90,088	87 210 %
DICKINSON COLLEGE POOLED INCOME FUND WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 23-6661501	ANNUITY	PA	N/A	T		172,566	67 920 %
SWW LIFE INCOME AGREEMENT WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 23-6606678	ANNUITY	PA	N/A	T		249,161	95 630 %
BWC TRUST 14334 STILTON CIRCLE SILVER SPRING, MD20905 52-0663103	PERPETUAL TRUST	MD	N/A	T	59,573	1,896,910	100 000 %
GLB TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY14203 23-6508108	PERPETUAL TRUST	PA	N/A	T	814	43,881	100 000 %
DWH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY14203 25-6482126	PERPETUAL TRUST	PA	N/A	T	5,758	220,620	50 000 %
JWK TRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA19109 23-6645755	PERPETUAL TRUST	PA	N/A	T	126,766	2,063,379	100 000 %
MDL TRUST BNY MELLON NA PO BOX 185 PITTSBURGH, PA15230 23-6225772	PERPETUAL TRUST	PA	N/A	T	501	27,344	100 000 %
JFH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY14203 23-6480244	PERPETUAL TRUST	PA	N/A	T	11,199	566,043	100 000 %