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DLN: 93493100002174

Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013 D Employer identification number B Check if applicable SKIDMORE COLLEGE Address change 14-1338562 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (518) 580-5000 City or town, state or country, and ZIP + 4 SARATOGA SPRINGS, NY 12866 Amended return Application pending G Gross receipts \$ 184,941,887 Name and address of principal officer **H(a)** Is this a group return for PHILIP A GLOTZBACH affiliates? 815 NORTH BROADWAY SARATOGA SPRINGS, NY 12866 **H(b)** Are all affiliates included? 

☐ Yes 
☐ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 **Website: ►** WWW SKIDMORE EDU L Year of formation 1903 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities HIGHER EDUCATION Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 30 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 3,206 6 3,887 Total number of volunteers (estimate if necessary) . . . 272,903 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 20,734,165 16,753,886 146,872,134 152,229,043 Program service revenue (Part VIII, line 2g) . . . 15,523,615 13,972,716 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 309,911 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -191,682 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 181,387,333 184,816,455 13 34,351,571 37,283,125 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 92,431,555 78,943,899 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright \frac{4,861,585}{}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 52,568,709 56,249,044 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 179,351,835 172,476,068 18 12,340,387 19 Revenue less expenses Subtract line 18 from line 12 2,035,498 t Assets or id Balances **Beginning of Current End of Year** Year 637,686,235 20 Total assets (Part X, line 16) . 611.994.651 21 179,057,156 171,909,729 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 432,937,495 465,776,506 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-04-10 Signature of office Sign Here KYLE M BERNARD CPA DIRECTOR OF FINANCIAL SERVICES

Preparer's signature

Firm's address ► 66 SOUTH PEARL STREET SUITE 400

ALBANY, NY 12207 May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name XIAOQIANG ZHANG

Check

self-employed

Firm's EIN F 14-1555429

Phone no (518) 449-3166

P01577994

✓ Yes ☐ No

1 01111	0 (2012)	age <b>z</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	.J.
1	riefly describe the organization's mission	
ARE GRA RESI CUL	UCATION OF PREDOMINANTLY FULL-TIME UNDERGRADUATES, A DIVERSE POPULATION OF TALENTED STUDENTS W GER TO ENGAGE ACTIVELY IN THE LEARNING PROCESS THE COLLEGE SEEKS TO PREPARE LIBERALLY EDUCATED ATES TO CONTINUE THEIR QUEST FOR KNOWLEDGE AND TO MAKE THE CHOICES REQUIRED OF INFORMED, ISIBLE CITIZENS SKIDMORE FACULTY AND STAFF CREATE A CHALLENGING YET SUPPORTIVE ENVIRONMENT THAT ATES STUDENTS' INTELLECTUAL AND PERSONAL EXCELLENCE, ENCOURAGING THEM TO EXPAND THEIR EXPECTATI MSELVES WHILE THEY ENRICH THEIR ACADEMIC UNDERSTANDING	
2	d the organization undertake any significant program services during the year which were not listed on e prior Form 990 or 990-EZ?	
	"Yes," describe these new services on Schedule O	
3	d the organization cease conducting, or make significant changes in how it conducts, any program rvices?	
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by penses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, e total expenses, and revenue, if any, for each program service reported	
4a	Code ) (Expenses \$ 41,138,220 including grants of \$ ) (Revenue \$ 120,162,393 )	
	NSTRUCTION AND RESEARCH INCLUDES ALL EXPENSES FOR ALL ACTIVITIES THAT ARE A PART OF THE COLLEGE'S INSTRUCTIONAL PROGRAM THE COLLEG ROVIDES LIBERAL ARTS EDUCATION TO APPROXIMATELY 2600 STUDENTS AND MAINTAINS A STUDENT TO FACULTY RATIO OF APPROXIMATELY 9 1	E
4b	Code ) (Expenses \$ 37,283,125 including grants of \$ 37,283,125 ) (Revenue \$ 29,839 )	
	TUDENT AID INCLUDES EXPENSES FOR SCHOLARSHIPS IN THE FORM OF GRANTS TO STUDENTS, RESULTING FROM SELECTION BY THE INSTITUTION FROM NTITLEMENT PROGRAM CURRENTLY, APPROXIMATELY 44% OF SKIDMORE STUDENTS ARE RECEIVING SCHOLARSHIPS, GRANTS, LOANS, AND/OR WORK AW HICH ARE OFFERED SINGLY OR IN VARIOUS COMBINATIONS	
	Code ) (Expenses \$ 19,976,772 including grants of \$ ) (Revenue \$ 0)	
	NSTITUTIONAL SUPPORT INCLUDES EXPENSES FOR CENTRAL EXECUTIVE LEVEL ACTIVITIES CONCERNED WITH MANAGEMENT OF THE ENTIRE INSTITUTION RGANIZATIONAL UNITS INCLUDE FISCAL OPERATIONS, LONG RANGE PLANNING, PERSONNEL, PURCHASING, SECURITY, ADMINISTRATIVE DATA PROCESSING	G, ETC
	Code ) (Expenses \$ 44,375,083 including grants of \$ ) (Revenue \$ 28,796,970 )	
	IGHER EDUCATION OTHER INCLUDES STUDENT SERVICES, ACADEMIC SUPPORT AND OTHER AUXILIARY ENTERPRISES STUDENT SERVICES INCLUDES EX OR ORGANIZATIONAL UNITS THAT PROVIDE SUPPORT TO STUDENTS THESE UNITS INCLUDE HEALTH SERVICES, COUNSELING CENTER, ATHLETICS, INTERF ROGRAMS, ETC ACADEMIC SUPPORT INCLUDES ALL EXPENSES FOR ALL ACTIVITIES THAT ARE PART OF THE COLLEGE'S ACADEMIC MISSION AUXILIARY NTERPRISES INCLUDES EXPENSES FOR ORGANIZATIONAL UNITS THAT EXIST TO FURNISH GOODS OR SERVICES TO STUDENTS, FACULTY AND STAFF, AND T HARGE A FEE DIRECTLY RELATED TO THE COST OF THE GOODS OR SERVICES FACILITIES INCLUDE ELEVEN DORMS AND APARTMENT COMPLEXES PROVIDING OUSING TO APPROXIMATELY 1900 STUDENTS, TWO DINING HALLS, A BOOKSTORE, SNACK BAR, CHILD CENTER, AND TELEPHONE SERVICES	AITH HAT
4d	Other program services (Describe in Schedule O )	
	Expenses \$ 44,375,083 including grants of \$ ) (Revenue \$ 28,796,970 )	
4e	otal program service expenses ► 142,773,200	

Part IV	Checklist of	Rec	uired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	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? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $x^{*}$	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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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 United States? If "Yes," complete Schedule F, Parts II and IV	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 United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		Νo
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? If "Yes," complete Schedule L, Part $I$	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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

GII	Check of School of Contracts a vegencies to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   648			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the eventuation have unveloted by suppose group uncome of \$1,000 or move during the year?	2-	Vac	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	Yes Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	165	
•	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country FR			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
	2. 100/ to the building and the organization menoring to the first	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>		14
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N e
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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	13a		
ı	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 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. 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Cod Yes	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SKIDMORE COLLEGE FINANCIAL SERVICES 815 NORTH BROADWAY SARATOGA SPRINGS, NY (518) 580-5820

Form	990	(2012)
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

	1	т т									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	organizations below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table											
	•	•	•							Form <b>990</b> (2012)	

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

	(A) Name and Title A verage hours per week (list any hours for related			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation compens from the organization (W-2/1099-MISC)  (E) Reportable compensation (w-2/1099-MISC)								(F) Estima nount of ompens from t	ted fother ation he
		for related organizations below dotted line)	Former Highest compensated employee Key employee Officei Institutional Trustee Individual trustee or director		2/1099-MISC)	2/1099-MISC)		anızatı relate rganıza	ed				
1b	Sub-Total							<b>F</b>					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•	•	•	•	2,421,538	C	)		440,499
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited	to the	se	ıste	d abov	e) w					,
											Т	Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fix compensation from the organiz											ıx year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
MLB CONSTRUCTION SERVICES 1 STONEBROOK RD BALLSTON SPA NY 12020	CONSTRUCTION SERVICES	10,367,840
SODEXHO OPERATIONS PO BOX 360170 PITTSBURGH PA 15251	PROJECT MANAGEMENT	1,629,022
INSTITUTION FOR THE INTERNATIONAL EDUCAT 33 N LASALLE ST CHICAGO IL 60602	EDUCATION SERVICES	1,360,130
SCHMIDT & SCHMIDT 2240 ROUTE 67 GALWAY NY 12074	CONSTRUCTION SERVICES	993,350
WJ MORRIS EXCAVATING INC 210 OLD GICK RD SARATOGA SPRINGS NY 12866	EXCAVATING SERVICES	982,221
Total number of independent contractors (including but not limited to these lighted about	a) who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►15

		Check if Schedule O contains a response	to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
w 98	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b					
وَيُ وَيَ	С	Fundraising events 1c	40,400				
ffs, a⊤A	d	Related organizations <b>1d</b>					
છં ≝ુ	e	Government grants (contributions) <b>1e</b>	2,670,069				
Sir	f	All other contributions, gifts, grants, and <b>1f</b>	14,043,417		-		
iệi ja	'	similar amounts not included above	11,013,117		ļ		
풀	g	Noncash contributions included in lines 1a-1f \$	1,893,398				
Cont	h	Total. Add lines 1a-1f		16,753,886			
		E	Business Code				
Program Serwce Revenue	2a	TUITION & FEES	721310	120,162,393	120,162,393		
84 84	ь	AUXILIARY ENTERPRISES	721310	30,332,799	27,210,909	38,692	3,083,198
92	С	OTHER SOURCES	721310	1,698,281	1,580,330		117,951
Z.	d	STUDENT LOANS INTEREST	721310	29,839	29,839		
Ē	e	INVESTMENT INCOME	721310	5,731	5,731		
2 2 2	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f	🕨	152,229,043			
	3	Investment income (including dividends,		1,961,745			1,961,745
	4	and other similar amounts)	<u>-</u>	27,994			27,994
	5	Royalties	▶				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	_	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and 0					
	_	sales expenses Gain or (loss) 13,533,876					
	d	Net gain or (loss)	<b></b> _	13,533,876			13,533,876
Other Revenue	8a	Gross income from fundraising events (not including \$ 40,400 of contributions reported on line 1c) See Part IV, line 18	·				
F CC		a	201,132				
ţ.	ь	Less direct expenses b	125,432				
0	C	Net income or (loss) from fundraising eve	ents 🛌	75,700			75,700
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activiti	ies <b>.</b>				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of invent	ory <b>-</b>				
		Miscellaneous Revenue E	Business Code				
	11a	PASS-THROUGH ENTITIES	900099	234,211		234,211	
	Ь						
	С						
	d	All other revenue					
	е		•	234,211			
	12	<b>Total revenue.</b> See Instructions	🛌	184,816,455	148,989,202	272,903	18,800,464

	330 (2012)				Page 10
	Statement of Functional Expenses			laha aaluman (A.)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	J (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	37,283,125	37,283,125		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	37,203,123	37,203,123		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,098,838	193,331	668,476	237,031
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	56,910,908	44,939,659	9,500,216	2,471,033
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,499,302	4,313,075	936,327	249,900
9	Other employee benefits	11,216,302	7,888,736	2,995,478	332,088
10	Payroll taxes	4,218,549	3,284,551	754,345	179,653
11	Fees for services (non-employees)				
а	Management				
b	Legal	176,728	38,979	137,749	
c	Accounting	90,450	1,172	89,278	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,292,870	4,490,660	1,365,785	436,425
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	3,401,682	662,375	2,739,307	
17	Travel	2,681,771	2,023,459	267,139	391,173
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	638,661	632,806	5,855	
20	Interest	3,330,014	3,330,014		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	13,008,150	13,008,150		
23	Insurance	746,262	102,164	644,098	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT RENTAL	5,011,602	2,594,120	2,407,754	9,728
b	COST OF GOODS SOLD	4,919,798	4,919,798		
C	SUPPLIES	1,898,075	1,578,546	296,761	22,768
d	RECRUITING	1,418,778	993,643	292,737	132,398
e	All other expenses	12,634,203	10,494,837	1,739,978	399,388
25	Total functional expenses. Add lines 1 through 24e	172,476,068	142,773,200	24,841,283	4,861,585
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	T X	Check if Schedule O contains a response to any question in the	nis Pa	tx			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			61,067	1	62,051
	2	Savings and temporary cash investments			43,978,456	2	21,906,290
	3	Pledges and grants receivable, net			17,648,675	3	15,626,238
	4	Accounts receivable, net			3,679,068	4	2,272,748
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Fischedule L	art II	of		5	616
Assets	6	Loans and other receivables from other disqualified persons ( $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedule	l conti emplo	ibuting employers		6	
38	7	Notes and loans receivable, net			2,287,624		2,069,705
ď	8	Inventories for sale or use			823,292	8	816,284
	9	Prepaid expenses and deferred charges			4,195,621	9	4,334,729
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	   10a	404,491,697			.,,,
	ь	Less accumulated depreciation	10b	184,426,282	196,000,753	10c	220,065,415
	11	Investments—publicly traded securities	· .			11	<u> </u>
	12	Investments—other securities See Part IV, line 11			343,116,476	12	370,356,492
	13	Investments—program-related See Part IV, line 11				13	<u> </u>
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			203,619		175,667
	16	Total assets. Add lines 1 through 15 (must equal line 34).			611,994,651	16	637,686,235
	17	Accounts payable and accrued expenses			88,961,444	17	86,041,755
	18	Grants payable				18	
	19	Deferred revenue			9,050,469		9,004,346
	20	Tax-exempt bond liabilities			77,960,813	20	74.362.112
	21	Escrow or custodial account liability Complete Part IV of Sci			,000,010	21	,
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua	tors,				
Liabiliti		persons Complete Part II of Schedule L				22	
ä	23	Secured mortgages and notes payable to unrelated third parti				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rel and other liabilities not included on lines 17-24) Complete P	ated t	hird parties,			
		D			3,084,430	25	2,501,516
	26	<b>Total liabilities.</b> Add lines 17 through 25			179,057,156	26	171,909,729
ces		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▼ aı	d complete			
lan	27	Unrestricted net assets			234,753,465	27	264,215,852
е Ш	28	Temporarily restricted net assets			87,055,710	28	87,839,631
Ξ	29	Permanently restricted net assets			111,128,320	29	113,721,023
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check	here 🕨	⊦			_
ö		complete lines 30 through 34.				_	
£	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
A A	32	Retained earnings, endowment, accumulated income, or other			100 55- 1	32	105 775 755
Š	33	Total net assets or fund balances			432,937,495	33	465,776,506
	34	Total liabilities and net assets/fund balances			611,994,651	34	637,686,235

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	Check if Schedule O Contains a response to any question in this rate XI	<del></del>		<u> </u>	• • • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		184,8	316,455
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			340,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		432,9	37,495
5	Net unrealized gains (losses) on investments	5		20,1	125,823
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3	372,801
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		465,7	776,506
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

Software ID: Software Version:

**EIN:** 14-1338562

Name: SKIDMORE COLLEGE

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	hours per week (list		n (do than pers office ctor/	onot one son is er an trust	box s bot d a tee)	th		( <b>D</b> ) 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	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
PHILIP A GLOTZBACH PRESIDENT	35 00	х		x				400,456	0	101,675	
SUSAN BECKERMAN TRUSTEE	3 00	х						0	0	0	
ROSEMARY BOURNE TRUSTEE	3 00	х						0	0	0	
CHARLES B BUCHANAN TRUSTEE	3 00	х						0	0	0	
DENNIS D DAMMERMAN TRUSTEE	3 00	х						0	0	0	
GAIL DUDACK TRUSTEE	3 00	х						0	0	0	
NANCY HAMILTON TRUSTEE	3 00	х						0	0	0	
TERRY FULMER TRUSTEE	3 00	х						0	0	0	
JOHN W HUMPHREY TRUSTEE	3 00	х						0	0	0	
MAXINE ISAACS TRUSTEE	3 00	х						0	0	0	
LINDA JACKSON-CHALMERS TRUSTEE	3 00	х						0	0	0	
HARRY ALVERSON TRUSTEE	3 00	X						0	0	0	
POLLY KISIEL TRUSTEE	3 00	х						0	0	0	
WILLIAM L LADD TRUSTEE	3 00	х						0	0	0	
ELLIOT MASIE TRUSTEE	3 00	х						0	0	0	
BARBARA KAHN MOLLER TRUSTEE	3 00	х						0	0	0	
JOHN S MORRIS TRUSTEE	3 00	х						0	0	0	
JONATHON BRESTOFF TRUSTEE	3 00	х						0	0	0	
MARIA MARKOWITZ TRUSTEE	3 00	х						0	0	0	
DAVID MARKS TRUSTEE	3 00	х						0	0	0	
WILMA STEIN TISCH TRUSTEE	3 00	х						0	0	0	
LINDA TOOHEY CHAIR	10 00	х						0	0	0	
ROBERT WEISBUCH TRUSTEE	3 00	х						0	0	0	
JULIANNE CARTWRIGHT TRAYLOR TRUSTEE	3 00	х						0	0	0	
ANDREW HUGHES TRUSTEE	3 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

**Compensated Employees, and Independent Contractors** (B) (A) (D) (E) (F) (C) Name and Title Position (do not check Reportable Estimated amount Average Reportable hours more than one box. compensation compensation of other per unless person is both from the from related compensation an officer and a organization (Worganizations (Wfrom the week director/trustee) 2/1099-MISC) 2/1099-MISC) (list organization and any related Individual t Former Highest compensated employee Institutional organizations hours for employee related organizations trustee below l Trustee dotted line) 3 00 SCOTT MCGRAW Х 0 0 TRUSTEE 3 00 KIMBERLY ROY Х 0 0 0 TRUSTEE 3 00 SCOTT M MARTIN Х 0 0 0 TRUSTEE 3 00 DAVID CASTLE 0 0 0 Χ TRUSTEE 3 00 SUZANNE THOMAS 0 0 0 Х TRUSTEE 3 00 ANTONIO MOJICA 0 0 0 Х TRUSTEE 35 00 MICHAEL WEST Х 246,648 0 34,909 VP FIN/ADMIN, TREASURER 35 00 MICHAEL CASEY Х 231,855 0 25,688 VP ADVANCEMENT 35 00 WILLIAM BRESLIN Х 157,530 0 37,927 VP & DEAN OF FACULTY 35 00 MARY LOU BATES Χ 166,370 0 32,769 DEAN OF ADMISSIONS 35 00 ROBERT BOYERS Х 153,787 0 15,959 PROFESSOR & EDITOR 35 00 ROCHELLE CALHOUN Х 150,869 0 37,391 DEAN OF STUDENT AFFAIRS 35 00 JOHN BERMAN Х 150,362 0 6,674 **PROFESSOR** 35 00 BARBARA BECK Х 146,627 0 38,866 DIRECTOR OF HR/ASSOC VP 35 00 SUSAN KRESS Х 212,031 0 33,793 FORMER VP 35 00 JEFFREY SEGRAVE Х 0 137,977 34,364 FORMER DEAN OF SPECIAL PROGRAMS 35 00 DENISE SMITH Χ 137,066 0 19,232 **PROFESSOR** 35 00 THOMAS OLES Χ 129,960 0 21,252 ASSOCIATE PROFESSOR

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493100002174

**Employer identification number** 

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

SKIDMORE COLLEGE

Name of the organization

# **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.

Open to Public Inspection

									14-13385				
	rt I			blic Charity Sta						<u>nstruction</u>	s		
	rganı		•	te foundation becaus	•			·	•				
1	<u> </u>		•	on of churches, or a				ection 170	(b)(1)(A)(i).				
2	고			in <b>section 170(b)(1</b>			•						
3				perative hospital se									
4				h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ection 170(b)(	1)(A)(iii).	Enter the		
5	Г			ty, and state erated for the benefi	t of a college	or liniversi	ty owned or o	nerated by	a dovernment	tal unit des	crihed in		
•	,	_	•	(A)(iv). (Complete P	<del>-</del>	. Of dilliversi	cy owned or o	peracea by	a government	car anne aes	cribed iii		
6	Г			local government o	•	al unit desc	rıbed ın <b>secti</b>	ion 170(b)(	(1)(A)(v).				
7	<u></u>			at normally receives	_					rom the aeı	neral public		
-	· —	describ	oed in <b>sectio</b>	on 170(b)(1)(A)(vi).	(Complete P	art II )		_	ionical ame of h	rom the gen	rerar pasire		
8	<u> </u>		•	described in <b>section</b>	. , . , .	, , , ,	•	•					
9	ı	_		at normally receives					· ·	-	-		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		•						•		tax) from b	usinesses		
	_	•	,	ganızatıon after June 	•			•	•				
10	<u> </u>	_	· ·	ganızed and operated	•	'							
11	ı	_		ganized and operated ly supported organiz			, ,		,	•			
				bes the type of supp						ee section	Sos(a)(S). Check		
				<b>b</b>						on-function	ally integrated		
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not cont	rolled directly	or indirec	tly by one or n	nore disqua	alified persons		
				on managers and ot	her than one	or more pub	olicly support	ed organiza	ations describ	ed in section	on 509(a)(1) or		
f			1509(a)(2)	received a written de	etermination	from the IP	Sthatitica	Type I Ty	ne II or Type	III suppor	ting organization		
•			this box	received a written d	ecerminacion	nom the 11	.5 that it is a	Type I, Ty	pe II, or Type	TIT Suppor			
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from an	y of the		•		
			ng persons?										
		., .		rectly or indirectly o	•		•	persons a	escribed in (ii)		Yes No		
		•		governing body of th		5	n /				g(i)		
			•	er of a person descr			- 1 2				g(ii)		
				lled entity of a perso						116	y(iii)		
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)						
(	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of		
	suppoi			organızatıon	organızatı		the organi		organızat		monetary		
OI	ganiz	ation		(described on	col (i) list		ın col (i) d		col (i) org		support		
				lines 1 - 9 above or IRC section	your gove docume	_	suppor	τ′	ın the U	5 /			
				(see	ascame								
				instructions))	Yes	No	Yes	No	Yes	No			
					1 03	140	163	140	103	140	+		
								-					
Tota	ı					<del> </del>	1			1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(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	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493100002174

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

nterna	l Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection				
	me of the organ	ization		Emp	ployer identificati	on number	r	
)K.	IDMORE COLLEGE			14-	1338562			
è		nizations Maintaining Donor Adv				Complete	e ıf th	
	organı	zation answered "Yes" to Form 990	· · · · · · · · · · · · · · · · · · ·		,,, <u> </u>			
	T - t - 1	-h	(a) Donor advised funds		(b) Funds and ot	her accour	nts	
	Total number a			+				
		tributions to (during year) nts from (during year)						
		ue at end of year						
	funds are the	zation inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?			┌ Yes	┌ No	
	used only for d	zation inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?				┌ Yes	┌ No	
a		ervation Easements. Complete if	the organization answered "Yes"	to Forr	m 990, Part IV,	line 7.		
		conservation easements held by the org on of land for public use (e g , recreation	<u> </u>	n hıstor	rically important l	and area		
	Protection	of natural habitat	Preservation of a	certifie	d historic structu	re		
	┌ Preservatı	on of open space						
		s 2a through 2d if the organization held a the last day of the tax year	a qualified conservation contribution in	the for	m of a conservatio	on		
					Held at the E	nd of the `	Year	
a	Total number	of conservation easements		2a				
)	Total acreage	otal acreage restricted by conservation easements						
2	Number of con	nservation easements on a certified histo	oric structure included in (a)	2c				
i	Number of conservation easements included in (c) acquired after $8/17/06$ , and not on a historic structure listed in the National Register							
		servation easements modified, transferr 	ed, released, extinguished, or terminat	ed by t	he organızatıon dı	ırıng		
	Number of sta	tes where property subject to conservat	ion easement is located ►					
	Does the orga	nization have a written policy regarding to fithe conservation easements it holds?		idling o	f violations, and	┌ Yes	┌ No	
	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments	during the year			
	-	penses incurred in monitoring, inspecting	, and enforcing conservation easement	s durın	g the year			
	Does each cor	 nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	┌ Yes	┌ No	
	balance sheet	describe how the organization reports con , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia					
3 T	tiiii Organ	nizations Maintaining Collection lete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar A	ssets.		
3	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	orrese	earch in furtheran		с	
b	If the organiza works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	staten	nent and balance		с	
	(i) Revenues	included in Form 990, Part VIII, line 1			<b>►</b> \$	2.0	1,309	
		:luded in Form 990, Part X			•		4,882	
	If the organiza	ition received or held works of art, histor into received to be reported under SFAS					,	
1	_	uded in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>b</b> - <b>c</b>			
					F P			
b	Assets includ	ed ın Form 990, Part X			<b>►</b> \$			

Part	Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Trea</u>	sures, or O	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of the 1	following that a	re a	significant i	ıse of	ıts	
а	Public exhibition		d	Г	Loan or e	xchange progra	ams				
b	Scholarly research		е	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	ain hov	w the	y further th	ne organization'	's ex	cempt purpos	se in		
5	During the year, did the organization solicit	or receive donations	s of ar	t, hıs	torical trea	asures or other	sım	nılar			_
	assets to be sold to raise funds rather than									Yes	✓ No
Par	<b>t IV Escrow and Custodial Arrang</b> Part IV, line 9, or reported an ar					tion answered	1 "Y	es" to Forn	n 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermo	edıary	forc	ontributior	ns or other asse	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	wing t	able	_				_	
						_			Amou	nt	
С	Beginning balance					<u> </u>	<b>1</b> c				
d	d Additions during the year 1d										
e	Distributions during the year					<b>⊢</b>	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Form 990, Part X, line 21?										
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	n has beei	n provided in P	art )	XIII			Г
Pa	rt V Endowment Funds. Complete										
	Danish of combalance	(a)Current year 280,775,364	(b)	Prior y	ear <b>b (c</b> 363,109	272,994,940		Three years bad 240,571,8			ears back 6,330,176
1a	Beginning of year balance	4,954,607			· ·	9,194,244		11,621,5	_		3,060,917
b	Contributions	4,954,607		4,	958,428	9,194,244		11,021,3	09	1	3,000,917
С	Net investment earnings, gains, and losses	32,733,508		-10,	715,768	33,351,900		34,537,1	47	-5	5,206,905
d	Grants or scholarships	4,770,319		4,	596,616	4,583,681		4,351,8	13		4,261,466
e	Other expenditures for facilities and programs	10,601,340		10,	133,789	9,594,294		9,383,8	56		9,350,849
f	Administrative expenses										
g	End of year balance	303,091,820		280,	775,364	301,363,109		272,994,9	40	24	0,571,873
2	Provide the estimated percentage of the cur	•	ce (lır	ne 1g	, column (a	a)) held as					
а	Board designated or quasi-endowment 🕨	42 180 %									
b	Permanent endowment ► 36 350 %										
C	Temporarily restricted endowment ► 21	470 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	that	are held an	ıd admınıstered	l for	the			
	organization by  (i) unrelated organizations							Г	3a(i)	<b>Yes</b> Yes	No
	(ii) related organizations						•		3a(ii)	165	No No
ь	If "Yes" to 3a(II), are the related organization						٠.	· · · · [	3b		
4	Describe in Part XIII the intended uses of t	•						L			
Par	t VI Land, Buildings, and Equipme	<b>ent.</b> See Form 99	90, Pa	art X	, lıne 10.						
	Description of property				Cost or other (Investment			(c) Accumula depreciatio		( <b>d</b> ) Boo	ok value
1a	Land					2,149,	036				2,149,036
b	Buildings					293,301,		108,672	625		4,629,245
c	Leasehold improvements										
d I	Equipment					77,419,	398	54,789	,960	2.	2,629,438
e	Other					31,621,	393	20,963	697	1	0,657,696
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (	B), line 10(d	c).)		🕨		22	0,065,415
								Schedu	e D (F	orm 9	90) 2012

<ul><li>(a) Description of security or category (including name of security)</li></ul>		
(including name of security)	(b)Book value	(c) Method of valuation
		Cost or end-of-year market value
.)Financial derivatives		
2 )Closely-held equity interests		
ther		
ee Additional Data Table		
ree Additional Data Fable		
	+	
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	370,356,492	
art VIII Investments—Program Related. Se		
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	+	Cost of elia-of-year market value
	T	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Descr	ription	(b) Book value
T <b>otal.</b> (Column (b) must equal Form 990, Part X, col.(B) line 1		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part		
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability		
Part X Other Liabilities. See Form 990, Part  (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes  EFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes  EFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes  EFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes  EFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
·	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  Federal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Part X Other Liabilities. See Form 990, Part  (a) Description of liability  dederal income taxes  EFUNDABLE GOVERNMENT LOAN FUNDS	X, line 25. (b) Book value 1,902,303	
Ca) Description of liability  Tederal income taxes  REFUNDABLE GOVERNMENT LOAN FUNDS  ASSET RETIREMENT OBLIGATION	X, line 25. (b) Book value 1,902,303	

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	205,226,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	3	
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	J	
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,498,624
3	Subtract line <b>2e</b> from line <b>1</b>	3	184,727,662
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b 88,79	4]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	88,794
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	184,816,456
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	172,489,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
C	Other losses	_	
d	Other (Describe in Part XIII )	<u> </u>	
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,550
3	Subtract line <b>2e</b> from line <b>1</b>	3	172,476,068
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	172,476,068

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

ınformatıon		
Identifier	Return Reference	Explanation
	PART III, LINE 4	SKIDMORE COLLEGE HOLDS A CULTURALLY AND HISTORICALLY DIVERSE COLLECTION OF OVER 4,500 ARTWORKS AND ETHNOGRAPHIC OBJECTS THAT SERVE PRIMARILY AS A LEARNING RESOURCE FOR FACULTY AND STUDENTS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPORT THE ACTIVITIES AND MISSION OF THE COLLEGE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	TEXT OF FIN 48 (ASC 740) FOOTNOTE FROM THE FINANCIAL STATEMENTS THE PRIMARY INCOME TAX POSITION TAKEN BY THE COLLEGE FOR ANY YEARS OPEN UNDER THE VARIOUS STATUTES OF LIMITATIONS IS THAT THE COLLEGE CONTINUES TO BE EXEMPT FROM INCOME TAXES EXCEPT FOR UNRELATED BUSINESS INCOME THE COLLEGE BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS NONE OF THE COLLEGE'S RETURNS ARE CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS") OR STATE AUTHORITIES HOWEVER, THE COLLEGE'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990T) FOR FISCAL YEARS 2010 AND LATER ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS		OTHER INCOME 1,234 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 371,567
PART XI, LINE 4B - OTHER ADJUSTMENTS		AMORTIZATION OF DEBT ISSUANCE COSTS NETTED IN OTHER REVENUE IN FS 88,794
PART XII, LINE 2D - OTHER ADJUSTMENTS		FIN 47 AMORTIZATION 13,550

## **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 14-1338562

Name: SKIDMORE COLLEGE

Form 990, Schedule D, Part VII - Investments— Other Securities								
(a) Description of security or cateory	(b)Book value	(c) Method of valuation						
(including name of security)		Cost or end-of-year market value						
(3)Other								
(A) COMMON STOCKS	50,728,380	F						
(B) INVESTMENTS UNDER SPLIT INTEREST								
AGREEMENTS	7,069,316	<u> </u>						
(C) CASH & CASH EQUIVALENTS	36,040,533	F						
(D) CLOSELY HELD STOCKS	9,953,597	F						
/5) 50 UVTV   0 NO /6U 0 DT INV 50TM5NT 5UND 6	60 600 705	_						
(E) EQUITY LONG/SHORT INVESTMENT FUNDS	63,620,705	F						
(E) FIVED INCOME MUTUAL FUNDS	66.462.202	r						
(F) FIXED INCOME MUTUAL FUNDS	66,463,282	F						
(C) FIVED INCOME COMMINCHED INVESTMENT								
(G) FIXED INCOME COMMINGLED INVESTMENT FUNDS	23,738,982	F						
101423	23,730,302	<u>'</u>						
(H) ABSOLUTE RETURN FUNDS	64,272,105	F						
` '	, ,							
(I) PRIVATE EQUITY CAPITAL FUND	29,548,997	F						
(J) PRIVATE EQUITY REAL ESTATE FUNDS	18,920,595	<u> </u>						

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As Filed Data -

DLN: 93493100002174

# **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

2012

Open to Public Inspection

Name of the organization SKIDMORE COLLEGE

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

	14-1338562			
Pa	rt I		YES	NO
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?	1	Yes	
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?	2	Yes	
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	3	Yes	
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	4a	Yes	
ט	basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	O ther extracurricular activities?	5h		Νo
	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?	6a	Yes	<u></u>
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05  of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial pondiscrimination? If "No." explain on Part II		V	

Part II 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)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE RACIALLY NONDISCRIMINATORY POLICY IS PUBLICIZED ON THE INTERNET AND IN THE PRINTED COLLEGE CATALOGUE IN ORDER TO BEST MAKE KNOWN TO THE GENERAL COMMUNITY AS WELL AS TO PROSPECTIVE STUDENTS DUE TO THE LARGE GEOGRAPHIC AREA OF RECRUITING FOR THE COLLEGE USING THE INTERNET FOR BROADCAST MEDIA WAS DETERMINED TO BE THE MOST EFFECTIVE BROADCAST MEDIA OUTLET
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	FINANCIAL AID AND ASSISTANCE FROM GOVERNMENTAL AGENCIES INCLUDE PELL GRANT, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT, COLLEGE WORK STUDY PROGRAM, FEDERAL DIRECT STUDENT LOANS, PERKINS LOANS AS WELL AS OTHER ASSISTANCE THAT IS USED IN FULFILLING THE MISSION OF THE COLLEGE

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493100002174

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

	of the organization MORE COLLEGE				Employer id	entification number
					14-133856	
Pa	<b>rt I General Informatio</b> "Yes" to Form 990, Pa			ne United States. C	omplete if the orga	nization answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assis	tance, and the select	ion criteria used to	award
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant	funds outside
3	Activites per Region (The follow	ung Part I, line 3	3 table can be du	uplicated if additional sp	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) program service, descril specific type of service(s) in region	
	EURO PE	1	18		EDUCATIONAL SERVICES	949,58
3a	Sub-total	1	18			949,58
	Total from continuation sheets to Part I	0	0			
_	Totale (add lines 3a and 3h)	I 1	1 2	I	I	04058

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	+
			<del></del>		<u> </u>		
			<b></b>		<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	<del>                                     </del>	+			+		+
			<u> </u>		-		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	<del></del>
			<del> </del>		<u> </u>	<del> </del>	
						1	

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Υ	'es	্য	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)	Г	Y	'es	<u> </u>	Νo
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)	Γ	Υ	'es	<u> </u>	Νo
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)	Г	Υ	'es	<u> </u>	Νo
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).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

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

Identifier	ReturnReference	Explanation

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DLN: 93493100002174

**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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE G** 

Name of the organization SKIDMORE COLLEGE

(Form 990 or 990-EZ)

**Employer identification number** 

14-1338562

Pa	rt I Fundraising Act	ivities. Complete	ıf the oi	rganizati	on answered "Yes" t	to Form 990. Part IV	. line 17.
1	Indicate whether the organ			ny of the f	following activities Che	eck all that apply	<u>,                                      </u>
a	Mail solicitations			e	Solicitation of non		
b	Internet and email solid	citations		Т -	Solicitation of gov		
c	Phone solicitations			g	Special fundraisin	g events	
d	In-person solicitations						
2a	Did the organization have a or key employees listed in						Г Yes Г No
b	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fur	ndraiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
	_						
Tota		·		<b>&gt;</b>			
3	List all states in which the o	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

		G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contributi			
			(a) Event #1  FOSA GOLF	(b) Event #2 PALAMOUNTAIN	(c) O ther events	(d) Total events (add col (a) through col (c))
			TOURNA MENT (event type)	POLO FUNDRAISER (event type)	(total number)	(c) (c)
Revenue	1	Gross receipts	59,422	182,110		241,532
€	2	Less Contributions	8,340	32,060		40,400
<u>~</u>	3	Gross income (line 1 minus line 2)	51,082	150,050		201,132
	4	Cash prizes				
မွာ	5	Noncash prizes				
ensk	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Drea	8	Entertainment				
ā	9	Other direct expenses .	23,769	101,663		125,432
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		(125,432)
	11	Net income summary Combine li	ine 3, column (d), and line	10	•	75,700
Par	t II			'Yes" to Form 990, Pa	rt IV, line 19, or rep	·
ф		\$15,000 on Form 990-EZ, li	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(-,	col (a) through col (c))
Rev	1	Gross revenue				(-)/
	2	Cash prizes				
pen	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
짇	5	Other direct expenses				
	6	Volunteer labor	Г Yes	Г Yes Г Nо	Г Yes Г Nо	
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
		Net gaming income summary Com				
9 a		er the state(s) in which the organiza the organization licensed to operate				
b		No," explain				
10a	We	re any of the organization's gaming				
b	If"	Yes," explain				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

DLN: 93493100002174

OMB No 1545-0047

# 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.

Department of the Treasury Internal Revenue Service			Attach to Form 990				Inspection
Name of the organization SKIDMORE COLLEGE						Employer identificat	tion number
Part I General Information	on on Grants and	l Assistance				14-1338562	
Does the organization maintain the selection criteria used to av	records to substanti ward the grants or as	ate the amount of the					▽ Yes ┌ N
Part II Grants and Other A Form 990, Part IV, lin	ssistance to Go	vernments and O	rganizations in the	United States. Com			Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grane or assistance
<ul><li>Enter total number of section 5</li><li>Enter total number of other orga</li></ul>						<del>-</del>	

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.  Part III can be duplicated if additional space is needed.						
(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
(1) SCHOLARSHIPS AND PRIZES	1122	37,283,125				

Part IV	Supplemental	Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
		SCHOLARSHIPS AND PRIZES ARE AWARDED BASED ON NEED AND MONITORED ANNUALLY BASED ON STUDENTS'
		ACADEMIC PROFILES AND GUIDELINES AS PROVIDED TO STUDENTS THESE GUIDELINES ARE ALSO AVAILABLE
		TO STUDENTS ON THE SKIDMORE COLLEGE WEBSITE

DLN: 93493100002174

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 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.

Open to Public Inspection

Name of the organization SKIDMORE COLLEGE

**Employer identification number** 

14-1338562

Pa	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  First-class or charter travel  Housing allowance or residence for personal use			
	<ul> <li>☐ First-class or charter travel</li> <li>☐ Travel for companions</li> <li>☐ Payments for business use of personal residence</li> </ul>			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	,			
ь	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 of 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 filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	Form 990 of other organizations  Approval by the board or compensation committee			
	p Approval by the board of compensation committee			
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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4</b> c		Νo
	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			
а	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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 accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other other deferred reportable compensation		benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	,	THE COLLEGE PROVIDES PRESIDENT GLOTZBACH WITH A CAMPUS HOUSE AND REQUIRES ITS USE AS A CONDITION OF EMPLOYMENT FOR THE BENEFIT OF THE COLLEGE THE TOTAL ANNUAL ESTIMATED VALUE IS INCLUDED IN NON-TAXABLE BENEFITS IN FORM 990, PART VII, LINE 1A AND SCHEDULE J, PART II

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 14-1338562

Name: SKIDMORE COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
PHILIP A GLOTZBACH ((	400,456	0	0 0	27,500 0	74,175 0	502,131 0	0 0
MICHAEL WEST ((	246,648	0	0	27,161 0	7,748 0	281,557 0	0
MICHAEL CASEY ((	) 231,855 ) C	0	0	25,240 0	448 0	257,543 0	0
	) 157,530 ) 0	0	0	16,500 0	21,427 0	195,457 0	0
MARY LOU BATES ((	166,370	0	0	18,035 0	14,734 0	199,139 0	0
ROBERT BOYERS ((	153,787	0	0	15,511 0	448 0	169,746 0	0
ROCHELLE CALHOUN ((	150,869	0 0	0	17,464 0	19,927 0	188,260 0	0 0
JOHN BERMAN ((	150,362	0 0	0 0	3,476 0	3,198 0	157,036 0	0 0
BARBARA BECK ((	146,627	0 0	0	16,939 0	21,927 0	185,493 0	0 0
SUSAN KRESS ((	212,031 ) C	0	0	23,745 0	10,048 0	245,824 0	0
JEFFREY SEGRAVE ((	137,977	0 0	0 0	15,437 0	18,927 0	172,341 0	0 0
DENISE SMITH ((	137,066	0	0	12,184 0	7,048 0	156,298 0	0
THOMAS OLES ((	129,960	0 0	0	/	7,048 0	151,212 0	0

DLN: 93493100002174

Open to Public

**Inspection** 

OMB No 1545-0047

Schedule K (Form 990)

**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 Part VI. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	IDMORE COLLEGE										d a a a a a		libii iidi	IIDEI	
	B I Tanana									14-	-13385	62			
P	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue pri	rıce	(f)	<b>)</b> Descriptio	n of purpose	( <b>g</b> ) De	efeased	beha	On alf of uer		Pool
										Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983TMS9	04-29-2004	32,717,	,482	STUD	STUDENT DORMITORIES			×		×		Х
В	COUNTY OF SARATOGA IND DEV AGCY	52-1310482	803482AX6	07-22-2003	29,734,	,172 F	REFUI	REFUND OF PRIOR ISSUE			×		Х		Х
c	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649906CC6	02-04-2011	32,363,		REFUND OF PRIOR ISSUE & STUDENT DORMITORIES				х		х		Х
Pa	art III Proceeds														
_ 					Α_		$\dashv$	В			С	$\longrightarrow$		D	!
1	A mount of bonds retired				<u> </u>		$\dashv$					$\longrightarrow$			
	A mount of bonds legally defeas	sed					$\dashv$					$\longrightarrow$			
3	Total proceeds of issue		32	2,717,4	482	2	9,734,172		32,363	3,454					
4	Gross proceeds in reserve fund						$\dashv$					$\longrightarrow$			
_5	Capitalized interest from proce				<u> </u>	644,3	308				644	4,308			
6	Proceeds in refunding escrows						$\dashv$					$\longrightarrow$			
7	Issuance costs from proceeds				1	1,168,4	3,415 993,509				718	8,800			
8	Credit enhancement from proc				<u> </u>					$\longrightarrow$					
9	Working capital expenditures f				<u> </u>		$\dashv$					$\longrightarrow$			
10	Capital expenditures from proc				+	1,549,0					22,039	<del></del>			
11					28	8,740,6	663	2	8,740,663		8,960	0,402			
12					<del> </del>		$\dashv$					$\longrightarrow$			
13	Year of substantial completion	1			2006		$\dashv$	200			013			ı	
	Ware the hands issued as part	t of a current refund	ling issue?		Yes	No	+	Yes	No	Yes	+ N	lo	Yes	-	No
14					<del> </del>	X	+		X	X	+	$\longrightarrow$		+	
15			nding issue?		<del>                                     </del>	Х	$\dashv$		Х		×	$\stackrel{\leftarrow}{-}$		$-\!\!\!\!\!+$	
16					X			Х		Х					
17	allocation of proceeds?	ort the final	Х			Х		Х							
Pa	Private Business U	se					<del></del>					<del></del>			
					Yes	No	+	Yes	No	Yes	C N	+	Yes	<b>D</b>	No
					T es	140	-+	res	NO	165	17	<u>•</u>	162	$-\!\!\!\!-$	NO

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Χ

Χ

	dule K (Form 990) 2012									Page <b>Z</b>
Par	t III Private Business Use (Continued)		ı						$\overline{}$	
			Yes	A No	Yes	No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	163	X	Tes	X	163	X	165	140
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			%		%			%	9/6
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		ı	%	0/6
6	Total of lines 4 and 5			%		%		1	%	%
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х		×		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or o	disposed of		%		%		-	%	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all noncombonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?			x		x		x		
Dat	t IV Arbitrage									
-4:	Aibidage	Α			В		С		D	
		Yes	No	Yes	No	Yes	5	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х			Х		
2	If "No" to line 1, did the following apply?			1		•		·		
a	Rebate not due yet?		Х		Х			Х		
ь	Exception to rebate?		Х		Х			Х		
	No rebate due?		Х		Х			Х		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			1						
3	Is the bond issue a variable rate issue?		Х		Х			Х		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			Х		
b	Name of provider									
С	Term of hedge				<u> </u>					_
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		I								

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		X		
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		Х		X		X		
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
					·				
Pa	Supplemental Information. Complete this part to pro	ovide addition	<u>ıal ınformatı</u>	on for respon	ises to quest	ions on Sche	edule K (see	instructions)	

В

Explanation

С

Schedule K (Form 990) 2012

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DLN: 93493100002174

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

SKIDMORE CO	LLEĞE							14	-133	8562			
	cess Benefit							ganıza	ations	only)		4.01	
	omplete if the orga ame of disqualifie				n Form 990, ip between d		<u>25a or 25b, or</u> ( <b>c)</b> Descri					<u>40Б</u> ( <b>d)</b> Corre	ected?
					nd organiza			<u> </u>				Yes	No
	ne amount of tax II	ncurred by o	rganız	ation ma	nagers or dı				under	section			
4958 . 3 Enterth	· · · · · · · · · · · · · · · · · · ·	fany on line	• •2 ah	ove rein	· · · · · · · · · · · · · · · · · · ·		n		•	<b>►</b> \$			
	·				•	erre organizativ			•	· +			
	Loans to and, Complete if the or					0-EZ. Part V	. line 38a. or Fo	orm 99	0. Pai	t IV . lır	ne 26. o	r ıf the	
	organization repo	rted an amou	unt on	Form 99		ne 5, 6, or 22			,		,		
(a) Name of interested person	<b>(b)</b> Relationship with organization			(d) Loa or from organıza	the	(e)O rigina principal amount	( <b>f</b> )Balance due	(g) defa	In ult?	A pproby boa	oved ard or	(i)Wrı agreen	
			-	То	From	_		Yes	No	commi	No No	Yes	No
1) WILLIAM RESLIN	OFFICER	COMPUTE	R		X	1,09	616	<del>                                     </del>	No	Yes		Yes	
												_	
												_	
												_	
-1-1				<b>.</b>								٦	
otal Part IIII (	Grants or Assi	stance Be	enefi	ttina Ir		Persons.	616						
	Complete if the						rt IV, line 27						
	1 3	<b>b)</b> Relations iterested pe organiz	rson a	nd the	(c) A mount	of assistance	e <b>(d)</b> Type o	fassis	stance	e (e)	Purpos	e of ass	ıstancı
		2.9-111								I .			

	ns Involving Interested ation answered "Yes" on I		ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	<b>(c)</b> A mount of transaction	(d) Description of transaction	(e) Sh organi reven	f zatıon's
				Yes	No
(1) A DIRONDACK TRUST CO	PRES GLOTZBACH RECEIVED FEES OF \$29,908 AS A BOARD MEMBER OF THE TRUST CO	330,189	THE COLLEGE RECEIVED INTEREST/DIVIDENDS OF \$330,189 FOR EQUITY INTEREST IN ADIRONDACK TRUST CO AND OTHER AMOUNTS HELD WITH ADIRONDACK TRUST CO		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

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493100002174

OMB No 1545-0047

. Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Noncash Contributions** 

Name of the organization SKIDMORE COLLEGE

**Employer identification number** 

					<u> 14-1</u>	338562			
Pa	rt I Types of Property								
		(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	r	<b>(d</b> Method of do noncash contrib	etermı		ts
1	Art—Works of art	Х	15	201,309	EXP	ERT OPINION			
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
	Intellectual property								
9	Securities—Publicly traded .	Х	114	1,378,773	FAIF	RVALUE			
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—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other►( <u>HORSES</u> )	Х	10	304,700	EXP	ERT OPINION			
	COMPUTER								
	Other►( <u>EQUIPMENT</u> )	X	1	8,616	FAIF	RVALUE			
	O ther ▶()								
	O ther ▶ ()				<u> </u>				
29	Number of Forms 8283 received		<u>-</u> .		29				11
	for which the organization comple	iteu Foiiii o	203, Part IV, Donee ACKII	owiedgement [				Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I lines	1_28	l that it		165	140
<b>50</b> u	must hold for at least three year								
	for exempt purposes for the enti				u to L	e useu			No
					•		30a		No
р 31	If "Yes," describe the arrangement of the organization have a gif			review of any non-standard	contr	ubutions?	31	Yes	
	•	•		•			<del>_</del> _	_ <u>  </u>	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	nonca •	· ·	32a		No
b	If "Yes," describe in Part II								
	If the organization did not report	: an amount	: in column (c) for a type of	property for which column (	a)ıs	checked,			
	describe in Part II		, , , , , , , ,		-	,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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### DLN: 93493100002174

# 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

Name of the organization SKIDMORE COLLEGE

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Employer identification number

14-1338562

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	KEY EMPLOYEES ARE REQUIRED TO COMPLETE A FORM AND DISCLOSE ANY CONFLICTS ALL DISCLOSURES ARE REVIEWED AND ABATED BY REMOVING THE EMPLOYEE FROM THE SITUATION TO ENSURE THAT AN ARM'S LENGTH TRANSACTION TAKES PLACE
	FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE COLLEGE BOARD OF TRUSTEES HAS DELEGATED THE IMPL EMENTATION OF PRACTICES AS IT RELATES TO EXECUTIVE COMPENSATION TO THE COMPENSATION COMMIT TEE ON AN ANNUAL BASIS, THE VICE PRESIDENT FOR FINANCE, ADMINISTRATION, AND TREASURER PRE PARES SALARY AND PEER DATA COLLECTED THROUGH HR, SURVEYS, ETC FOR BOTH THE PRESIDENT AN DOTHER OFFICERS THE PRESIDENT OF THE COLLEGE MAKES A RECOMMENDATION TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR OFFICERS OF THE COLLEGE BASED ON THE RELEVANT DATA, MARKET ANALYSIS, PEER DATA, ETC THE COMPENSATION COMMITTEE IS PROVIDED LEEWAY TO DEVIATE FROM THE RECOMMENDATION WHERE OTHER CONSIDERATIONS ARE RELEVANT AND APPROVES THE OFFICER SALARIES ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE REVIEWS THE PERFORMANCE, AS WELL AS THE SALARY AND PEER DATA COLLECTED THROUGH HR, SURVEYS, ETC AS IT RELATES TO THE PRESIDENT'S SALARY
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENT DATA IS INCLUDED IN THE ANNUAL INFORMATION RETURN (FORM 990) AND THE I NFORMATION IS MADE PUBLIC POLICIES CAN BE FOUND ON THE COLLEGE'S WEBSITE THE COLLEGE'S C HARTER IS FILED WITH NEW YORK STATE
		FORM 990, PART VIII, LINE 2B - AUXILIARY ENTERPRISES SKIDMORE COLLEGE HAS HAD LONG TERM R ELATIONSHIPS WITH MANY CULTURAL INSTITUTIONS THAT BRING THER ACTIVITIES TO SARATOGA SPRIN GS DURING THE SUMMER THESE INSTITUTIONS INCLUDE DANCE COMPANIES, ORCHESTRAS, BALLET COMPA NIES, AND OTHER ARTIST GROUPS THESE ACTIVITIES ENRICH THE CULTURAL LIFE AT SKIDMORE AND T HE COMMUNITY AND ARE A SIGNIFICANT PART OF THE EDUCATIONAL EXPERIENCE AT SKIDMORE THE COL LEGE DERIVES REVENUE FROM MAKING ITS FACILITIES AVAILABLE TO THE VISITING ARTISTS AND THE! R STAFF THE EXPENSES AND DEDUCTIONS ASSOCIATED WITH THESE REVENUES HAVE ALWAYS SIGNIFICAN TLY EXCEEDED THE REVENUES THESE ACTIVITIES ARE NOT REPORTED AS UNRELATED BUSINESS INCOME SINCE THEY CONTRIBUTE IMPORTANTLY TO THE EDUCATIONAL MISSION OF THE COLLEGE DURING THE CU RRENT REPORTING PERIOD REVENUES IN THIS CATEGORY (COMPRISED OF ROOM AND BOARD CHARGES AND FEES) AMOUNTED TO \$1,267,959 THE COLLEGE ALSO DERVIES SMALL AMOUNTS OF REVENUE FROM SOME UNRELATED ACTIVITIES CARRIED ON AS PART OF THE LARGER EXEMPT FUNCTION ACTIVITIES THESE RE VENUES COVER PART OF THE COLLEGE'S FIXED AND VARIABLE COSTS ASSOCIATED WITH THESE ACTIVITI ES BUT THE EXPENSES AND COSTS PROPERLY ALLOCABLE TO THESE ACTIVITIES HAVE ALWAYS BEEN IN NE XCESS OF THE REVENUES REVENUES IN THIS CATEGORY IN THE CURRENT REPORTING PERIOD INCLUDE \$ 50,237 FROM RENTAL OF EXCESS CAPACITY IN THE STABLES, \$7,047 FROM THE SURREY WILLIAMSON IN N AT SKIDMORE, AND \$51,544 FROM TANG MUSEUM SHOP AT SKIDMORE THE NET LOSSES FROM THESE AC TIVITIES HAVE NOT BEEN REPORTED AS UNRELATED BUSINESS INCOME/LOSS BECAUSE THE ACTIVITIES I N QUESTION ARE NOT CARRIED ON WITH A PROFIT MOTIVE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ANNUITY AND LIFE INCOME NPV ADJUSTMENT 1,234 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 371,567