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Form 990

Department of the Treasury  
Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization  
DICKINSON COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
PO BOX 1773

Room/suite

City or town, state or country, and ZIP + 4  
CARLISLE, PA 170132896

F Name and address of principal officer  
NANCY A ROSEMAN  
PO BOX 1773  
CARLISLE, PA 170132896

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

(Insert no )

☐ 4947(a)(1) or ☐ 527

J Website: WWW.DICKINSON.EDU

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1783

M State of legal domicile PA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities DICKINSON COLLEGE, FOUNDED IN 1773, IS A HIGHLY SELECTIVE, PRIVATE RESIDENTIAL (CONTINUED)LIBERAL-ARTS COLLEGE KNOWN FOR ITS INNOVATIVE CURRICULUM ITS MISSION IS TO OFFER STUDENTS A USEFUL EDUCATION IN THE ARTS AND SCIENCES THAT WILL PREPARE THEM FOR LIVES AS ENGAGED CITIZENS AND LEADERS DICKINSON HAS DEVELOPED AN EFFECTIVE EDUCATIONAL PROGRAM BUILT UPON CORE SKILLS INTEGRAL TO THE LIBERAL ARTS PLUS AREAS OF SPECIAL EMPHASIS SUCH AS GLOBAL PERSPECTIVE, CONNECTIVITY (INTERDISCIPLINARITY), SUSTAINABILITY, ACTIVE LEARNING AND DIVERSITY PLEASE REFER TO PART III, LINE 4 FOR A DETAILED DESCRIPTION OF THE COLLEGE'S PROGRAM SERVICE ACCOMPLISHMENTS										
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets										
	3	Number of voting members of the governing body (Part VI, line 1a)			3	42						
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	41						
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	2,883						
	6	Total number of volunteers (estimate if necessary)			6	2,876						
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	-111,099						
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	-276,088						
Revenue	8	Contributions and grants (Part VIII, line 1h)			Prior Year		Current Year					
	9	Program service revenue (Part VIII, line 2g)			13,134,752		16,140,110					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7 d)			132,522,958		135,952,292					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			6,484,061		23,190,776					
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,960,603		2,157,676					
	12				154,102,374		177,440,854					
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			38,001,747		39,050,473					
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		0					
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			66,600,956		70,594,794					
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			35,576		38,523					
	b	Total fundraising expenses (Part IX, column (D), line 25) 4,234,777										
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			50,577,432		51,819,430					
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			155,215,711		161,503,220					
	19	Revenue less expenses Subtract line 18 from line 12			-1,113,337		15,937,634					
Net Assets or Fund Balances					Beginning of Current Year		End of Year					
	20	Total assets (Part X, line 16)			545,717,468		610,475,950					
	21	Total liabilities (Part X, line 26)			131,962,338		159,157,870					
	22	Net assets or fund balances Subtract line 21 from line 20			413,755,130		451,318,080					

Part II

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

Sign Here

Signature of officer

BRONTE D JONES VP FINANCE AND ADMINISTRATION

Date

Paid Preparer Use Only

Prrnt/Type preparer's name

Firm's name KPMG LLP

Firm's address 1676 INTERNATIONAL DRIVE  
MCLEAN, VA 22102

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01205643

Firm's EIN 13-5565207

Phone no (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

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

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

If "Yes," describe these new services on Schedule O

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code)	(Expenses \$)	116,889,228	including grants of \$	39,050,473 )	(Revenue \$)	108,538,291
<p>EDUCATING STUDENTS - DICKINSON COLLEGE IS COMMITTED TO MAKING A TOP-TIER EDUCATION IN THE LIBERAL ARTS AND SCIENCES ACCESSIBLE REGARDLESS OF FAMILIES' ECONOMIC MEANS ALL ADMITTED STUDENTS FROM THE MOST RECENT ENTERING CLASS, WHO DEMONSTRATED FINANCIAL NEED AND WHO MET APPLICATION DEADLINES, WERE OFFERED AID IN 2012-13, DICKINSON STUDENTS RECEIVED AN ESTIMATED \$58,331,010 IN FINANCIAL AID, OF WHICH \$40,336,049 WAS PROVIDED FROM THE COLLEGE'S FUNDS STATE AND FEDERAL AID PROGRAMS, PARENT LOANS AND OTHER OUTSIDE SOURCES PROVIDED THE REMAINING FUNDS CONTINUED ON SCHEDULE O IN FALL 2012, THE COLLEGE EMPLOYED 228 FULL-TIME EQUIVALENT FACULTY 93% OF FULL-TIME FACULTY MEMBERS HOLD A DOCTORATE OR OTHER TERMINAL DEGREE OF THIS GROUP, FULL PROFESSORS COMPRISED 21%, ASSOCIATE PROFESSORS 34%, ASSISTANT PROFESSORS 36%, AND INSTRUCTORS 9% THE STUDENT-TO-FACULTY RATIO FOR FALL 2012 WAS 9 1 TO SUPPORT ITS ACADEMIC, STUDENT LIFE AND AUXILIARY PROGRAMS, THE COLLEGE ALSO EMPLOYS 287 PROFESSIONAL ADMINISTRATIVE STAFF PERSONNEL (281 FT, 6 PT) AND 371 SUPPORT STAFF PERSONNEL (305 FT, 66 PT) 2,386 STUDENTS WERE ENROLLED FOR FALL 2012 (OF WHOM APPROXIMATELY 185 STUDIED AT THE COLLEGE'S CENTERS ABROAD) THE OFFICE OF ADMISSIONS ADMITTED 40% OF ONE OF THE MOST HIGHLY QUALIFIED APPLICANT POOLS (5,844 TOTAL APPLICATIONS) IN THE COLLEGE'S HISTORY THE MOST RECENT DATA AVAILABLE INDICATES THAT ONE YEAR AFTER GRADUATION, 92% OF THE COLLEGE'S GRADUATES ARE WORKING FULL-TIME AND/OR ARE IN GRADUATE OR PROFESSIONAL PROGRAMS WITHIN FIVE YEARS AFTER GRADUATION, 91% OF DICKINSON ALUMNI ARE WORKING FULL-TIME AND/OR ARE CURRENTLY ENROLLED OR HAVE COMPLETED GRADUATE OR PROFESSIONAL SCHOOL PROGRAMS DICKINSON STUDENTS MAY ELECT EITHER OF TWO BROAD DEGREE ORIENTATIONS WITHIN THE CURRICULUM THE BACHELOR OF ARTS OR THE BACHELOR OF SCIENCE DEGREE ALL-COLLEGE REQUIREMENTS ARE THE SAME IN EITHER CASE, ONLY STUDENTS WITH A CONCENTRATION IN ONE OF THE NATURAL OR MATHEMATICAL SCIENCES MAY BE A CANDIDATE FOR THE BACHELOR OF SCIENCE DEGREE COURSES ARE OFFERED IN TWO SEMESTERS, EACH COMPRISING 14 WEEKS OF CLASSES FOLLOWED BY FINAL EXAMINATIONS THE FALL SEMESTER BEGINS IN LATE AUGUST AND CONCLUDES IN DECEMBER STUDENTS HAVE A READING PERIOD OF A FEW DAYS AT THE END OF CLASSES IN WHICH TO PREPARE FOR THE FINAL EXAMINATIONS AND PAPERS WHICH ARE SCHEDULED DURING THE SUBSEQUENT WEEK SPRING SEMESTER BEGINS NEAR THE END OF JANUARY AND RUNS THROUGH MID-MAY, FOLLOWING THE SAME PATTERN OF CLASSES AND EXAMINATIONS AS THE FALL SEMESTER ONE FIVE-WEEK SUMMER SESSION IS ALSO OFFERED FOR THOSE WHO PREFER THE SMALLER CLASSES AND FOCUSED LEARNING THEY PROVIDE SEEKING A BALANCE BETWEEN THE FULL BREADTH OF LIBERAL LEARNING AND DEPTH REPRESENTED BY A SPECIFIC DISCIPLINE'S APPROACH TO KNOWLEDGE, EACH DICKINSON STUDENT IS REQUIRED TO TAKE A MINIMUM OF 32 COURSES, COMPLETE A SERIES OF ALL-COLLEGE REQUIREMENTS, AND DO A MAJOR CONCENTRATION REQUIREMENTS INCLUDE AT LEAST TWO COURSES EACH IN THE ARTS AND HUMANITIES, THE SOCIAL SCIENCES, AND LABORATORY SCIENCES STUDENTS ARE ALSO EXPECTED TO COMPLETE A SET OF CROSS-CULTURAL REQUIREMENTS INCLUDING FOREIGN LANGUAGE, COMPARATIVE CIVILIZATIONS ("NON-WESTERN"), AND U S DIVERSITY COURSES ADDITIONALLY, EVERY STUDENT MUST TAKE TWO "WRITING INTENSIVE" AND ONE "QUANTITATIVE REASONING" COURSE DICKINSON'S FACULTY TEACH FIVE COURSES ANNUALLY, AS IS THE NORM FOR HIGHLY SELECTIVE NATIONAL LIBERAL ARTS COLLEGES WHERE EXPECTATIONS FOR FACULTY RESEARCH AND STUDENT-FACULTY INTERACTIONS ARE HIGH A FIVE-COURSE LOAD HAS ENABLED THE COLLEGE TO * MAINTAIN EXCELLENCE IN TEACHING, INCLUDING INNOVATION THROUGH NEW, OFTEN LABOR-INTENSIVE PEDAGOGIES * OFFER A RICH CURRICULUM, INCLUDING THE EXPLORATION OF NEW FIELDS OF STUDY * SUSTAIN THE FACULTY'S IMPRESSIVE RECORD OF SCHOLARSHIP AND ARTISTIC CREATIVITY BY MEETING PROFESSORS' CURRENT CONCERNS FOR MORE TIME FOR THEIR RESEARCH ACTIVITY * MAINTAIN THE VITAL ROLE OF THE FACULTY IN THE COLLEGE'S COLLEGIAL GOVERNANCE SYSTEM * ENHANCE DICKINSON'S COMPETITIVE POSITION IN THE RECRUITMENT OF OUTSTANDING NEW FACULTY * CONTINUE THE COLLEGE'S RECORD OF STRONG FACULTY RETENTION</p>						










<b>4b</b>	(Code ) (Expenses \$ 24,260,716 including grants of \$ 0 ) (Revenue \$ 29,628,094 )
	AUXILIARY SERVICES - AUXILIARY SERVICES PROVIDED BY THE COLLEGE INCLUDE HOUSING AND DINING SERVICES (FOR APPROXIMATELY 2,150 ON-CAMPUS STUDENTS), CAMPUS STORES, AND OTHER SERVICES PROVIDED TO SUPPORT STUDENTS AND EMPLOYEES

[illegible]

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	3,143	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,883	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: GM, IT, SP, UK, FR, CM See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	42	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	41	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AK , AZ , CO , MA , MD , MI , NH , PA , WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	BRONTE D JONES VP FINANCE AND ADMINISTRATION 230 WEST LOUTHER STREET CARLISLE, PA (717) 245-1943

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

**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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	3,599,606	0	836,567

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. ▶ 63

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUANDEL CONSTRUCTION GROUP INC 3003 NORTH FRONT STREET SUITE 201 HARRISBURG PA 171101224	CONSTRUCTION	2,573,821
HUMMER TURFGRASS SYSTEMS INC 1527 SOUTH COLEBROOK ROAD MANHEIM PA 175458631	CONSTRUCTION	802,645
DEBORAH BERKE PARTNERS 220 5TH AVENUE 7TH FLOOR NEW YORK NY 100017708	ARCHITECTURAL SERVICES	800,269
CANNON DESIGN 360 MADISON AVENUE NEW YORK NY 10017	ARCHITECTURAL SERVICES	789,339
MCCOY BROTHERS INC 1514 COMMERCE AVENUE CARLISLE PA 170159161	CONSTRUCTION	745,350

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 ►24

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	32,666				
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	1,351,267				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,756,177				
	g	Noncash contributions included in lines 1a-1f \$		6,569,752				
	h	Total. Add lines 1a-1f . . . . .						16,140,110
Program Service Revenue			Business Code					
	2a	TUITION AND FEES	900099	105,996,416	105,996,416			
	b	ROOM AND BOARD	721310	22,354,885	22,354,885			
	c	OTHER AUXILIARY SERVIC	721000	7,485,976	7,273,209	158,085	54,682	
	d	PROGRAM-RELATED INVEST	523000	115,015	115,015			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			135,952,292			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,475,839			1,475,839	
	4	Income from investment of tax-exempt bond proceeds . . .		35,380			35,380	
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		27,391,985		45,672				
		5,755,988		2,112				
		21,635,997		43,560				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .			21,679,557			21,679,557
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .						
	a							
	b	Less direct expenses . . . .						
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . .						
	a							
	b	Less direct expenses . . . .						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . .							
a								
b	Less cost of goods sold . . .							
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue			Business Code					
11a	OTHER REVENUES		900099	2,157,676	2,426,860	-269,184		
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			2,157,676				
12	Total revenue. See Instructions . . . . .			177,440,854	138,166,385	-111,099	23,245,458	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	117,050	117,050		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	35,249,022	35,249,022		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,684,401	3,684,401		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	3,527,254		3,366,231	161,023
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	34,489	34,489		
7	Other salaries and wages.	49,457,401	42,921,242	4,449,813	2,086,346
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,026,275	2,593,076	291,693	141,506
9	Other employee benefits.	10,872,481	8,885,292	1,503,033	484,156
10	Payroll taxes.	3,676,894	3,079,634	432,193	165,067
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	333,153		333,153	
c	Accounting.	152,524		152,524	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	38,523			38,523
f	Investment management fees.	1,781,595		1,781,595	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,354,761	1,773,244	431,400	150,117
12	Advertising and promotion.	39,341	37,358	1,983	
13	Office expenses.	4,684,809	3,840,884	526,239	317,686
14	Information technology.	2,505,042	878,629	1,599,421	26,992
15	Royalties.	1,984	1,984		
16	Occupancy.	8,138,023	7,857,764	240,163	40,096
17	Travel.	2,317,092	1,987,857	244,562	84,673
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	536,667	449,081	71,030	16,556
20	Interest.	6,638,138	6,638,138		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,338,032	8,938,596	298,817	100,619
23	Insurance.	964,548	923,289	30,866	10,393
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):				
a	FOOD AND ENTERTAINMENT	4,662,458	4,150,248	153,152	359,058
b	TUITION EXPENSE	3,063,337	3,053,337	10,000	0
c	REPAIRS AND MAINTENANCE	1,211,773	1,211,773	0	0
d	BOOKSTORE	1,163,155	1,163,155	0	0
e	All other expenses	1,932,998	1,680,401	200,631	51,966
25	Total functional expenses. Add lines 1 through 24e.	161,503,220	141,149,944	16,118,499	4,234,777
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .		135,287	1	273,624	
	2	Savings and temporary cash investments . . . . .		8,914,649	2	12,481,555	
	3	Pledges and grants receivable, net . . . . .		23,580,808	3	21,929,461	
	4	Accounts receivable, net . . . . .		2,148,853	4	2,126,942	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		0	5	44,853	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		0	6	0	
	7	Notes and loans receivable, net . . . . .		318,327	7	290,198	
	8	Inventories for sale or use . . . . .		480,705	8	505,287	
	9	Prepaid expenses and deferred charges . . . . .		2,753,719	9	3,120,497	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	321,348,623			
	b	Less accumulated depreciation . . . . .	10b	134,891,060	169,307,814	10c	186,457,563
	11	Investments—publicly traded securities . . . . .		23,292,445	11	19,973,833	
	12	Investments—other securities See Part IV, line 11 . . . . .		302,884,949	12	340,799,561	
	13	Investments—program-related See Part IV, line 11 . . . . .		6,579,796	13	6,888,050	
	14	Intangible assets . . . . .			14		
	15	Other assets See Part IV, line 11 . . . . .		5,320,116	15	15,584,526	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		545,717,468	16	610,475,950		
Liabilities	17	Accounts payable and accrued expenses . . . . .		9,076,365	17	10,885,710	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		4,770,761	19	5,445,934	
	20	Tax-exempt bond liabilities . . . . .		109,177,552	20	132,977,988	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		884,552	21	1,558,488	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			23		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		8,053,108	25	8,289,750	
	26	Total liabilities. Add lines 17 through 25 . . . . .		131,962,338	26	159,157,870	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .		259,112,330	27	276,190,694	
	28	Temporarily restricted net assets . . . . .		47,866,986	28	65,594,878	
	29	Permanently restricted net assets . . . . .		106,775,814	29	109,532,508	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .			30		
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .			31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .			32		
	33	Total net assets or fund balances . . . . .		413,755,130	33	451,318,080	
34	Total liabilities and net assets/fund balances . . . . .		545,717,468	34	610,475,950		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	177,440,854
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	161,503,220
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	15,937,634
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	413,755,130
5	Net unrealized gains (losses) on investments . . . . .	5	22,730,993
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	-1,105,677
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	451,318,080

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 23-1365954

Name: DICKINSON COLLEGE

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER WARD REYNOLDS TRUSTEE/CHAIR	1 00	X		X				0	0	0
THOMAS L KALARIS TRUSTEE/VICE CHAIR	1 00	X		X				0	0	0
NEAL B ABRAHAM TRUSTEE	1 00	X						0	0	0
WYNNE STUART AMICK TRUSTEE	1 00	X						0	0	0
JENNIFER L BLANCK TRUSTEE	1 00	X						0	0	0
MICHAEL A BLOOM TRUSTEE	1 00	X						0	0	0
MARK S BURGESS TRUSTEE	1 00	X						0	0	0
JAMES D CHAMBERS TRUSTEE	1 00	X						0	0	0
RICHARD A CHESLEY TRUSTEE	1 00	X						0	0	0
CAROLYN WHERLY CLEVELAND TRUSTEE	1 00	X						0	0	0
JOHN J CURLEY TRUSTEE	1 00	X						0	0	0
ERIC DENKER TRUSTEE	1 00	X						0	0	0
STEVEN GALLEN EDERSHEIM TRUSTEE	1 00	X						0	0	0
RUTH A FERGUSON TRUSTEE	1 00	X						0	0	0
SHERWOOD D GOLDBERG TRUSTEE	1 00	X						0	0	0
GEORGE V HAGER TRUSTEE	1 00	X						0	0	0
CAROL CAMPBELL HAISLIP TRUSTEE	1 00	X						0	0	0
FRANK E JAMES TRUSTEE	1 00	X						0	0	0
JULIE I JOHNSON TRUSTEE	1 00	X						0	0	0
JOHN E JONES TRUSTEE	1 00	X						0	0	0
MARK I LEHMAN TRUSTEE	1 00	X						0	0	0
WILLIAM P LINCKE TRUSTEE	1 00	X						0	0	0
MARGARET STEWART LINDSAY TRUSTEE	1 00	X						0	0	0
M ROBERT MISTICK TRUSTEE	1 00	X						0	0	0
WILLIAM L MUELLER TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY L NAUIOKAS TRUSTEE	1 00	X						0	0	0
KELLIE L NEWTON TRUSTEE	1 00	X						0	0	0
DARRELL I PACHECO TRUSTEE	1 00	X						0	0	0
DOUGLAS J PAULS TRUSTEE	1 00	X						0	0	0
SUSAN WYCKOFF POHL TRUSTEE	1 00	X						0	0	0
MICHELE MAHONEY RICHARDSON TRUSTEE	1 00	X						0	0	0
STUART M ROSEN TRUSTEE	1 00	X						0	0	0
FRANK M SANDS TRUSTEE	1 00	X						0	0	0
CAROL JONES SAUNDERS TRUSTEE	1 00	X						0	0	0
R F SHANGRAW JR TRUSTEE	1 00	X						0	0	0
SYLVIA J SMITH TRUSTEE	1 00	X						0	0	0
MARJORIE A SPEERS TRUSTEE	1 00	X						0	0	0
CYNTHIA R STITES TRUSTEE	1 00	X						0	0	0
R DAVID WECHSLER TRUSTEE	1 00	X						0	0	0
CRAIG C WEEKS TRUSTEE	1 00	X						0	0	0
LAURA IVES WILSON TRUSTEE	1 00	X						0	0	0
WILLIAM G DURDEN PRESIDENT	40 00	X		X				607,211	0	240,911
THOMAS AK QUEENAN VP FINANCE & ADMIN AND TREASURER	40 00			X				268,367	0	54,140
SEAN M WITTE CONTROLLER AND ASST TREASURER	40 00			X				123,857	0	14,318
KAREN NEELY FARYNIAK CHIEF OF STAFF AND SECRETARY	40 00			X				183,896	0	22,900
MELISSA G KEEBLER ASST CHIEF OF STAFF AND ASST SECRETARY	40 00			X				48,831	0	17,364
NEIL B WEISSMAN PROVOST AND DEAN	40 00				X			313,757	0	64,157
STEPHANIE S BALMER VP ENROLL/COMM AND DEAN ADMISS	40 00				X			308,863	0	71,764
JOHN A WEIS VP HR SERVICES	40 00				X			232,315	0	92,382
ROBERT E RENAUD VP AND CIO	40 00				X			192,615	0	45,185

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
APRIL L VARI VP STUDENT DEVELOPMENT	40 00				X			156,369	0	32,347
DANA E SCADUTO GENERAL COUNSEL	40 00					X		268,050	0	43,460
BRIAN J WHALEN PRES/CEO FORUM ON EDUC ABROAD	40 00					X		171,055	0	29,506
SUSAN D ROSE PROFESSOR	40 00					X		156,121	0	23,582
HAROLD L POHLMAN PROFESSOR	40 00					X		149,406	0	24,279
ROBERT P WINSTON ASSOC PROVOST ACADEMIC AFFAIRS	40 00					X		140,949	0	28,786
KENNETH E SHULTES ASSOC VP OF CAMPUS OPERATIONS	40 00						X	171,906	0	31,486
NICKOLAS G STAMOS FORMER VP OF CAMPUS OPERATIONS	40 00						X	106,038	0	0



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

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

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

1

☐

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

2

☒

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

3

☐

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_\_\_\_\_

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ 20,000

(ii) Assets included in Form 990, Part X

▶\$ 2,416,847

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	351,506,362	356,901,810	309,076,283	276,019,623	345,626,580
b Contributions . . . . .	2,256,457	2,952,166	5,444,565	4,198,184	3,844,338
c Net investment earnings, gains, and losses	46,128,627	5,549,396	54,532,629	40,449,270	-61,407,816
d Grants or scholarships . . . . .	5,472,787	3,829,995	3,806,162	3,649,377	3,654,307
e Other expenditures for facilities and programs . . . . .	7,052,759	6,341,405	6,282,033	6,076,670	5,770,350
f Administrative expenses . . . . .	3,738,496	3,725,610	2,063,472	1,864,747	2,618,822
g End of year balance . . . . .	383,627,404	351,506,362	356,901,810	309,076,283	276,019,623

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 57 730 %

b

Permanent endowment ▶ 28 550 %

c

Temporarily restricted endowment ▶ 13 720 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	8,332,073	11,413,464		19,745,537
b Buildings . . . . .		230,097,842	99,677,715	130,420,127
c Leasehold improvements . . . . .		3,814,189	1,923,319	1,890,870
d Equipment . . . . .		21,048,816	17,814,253	3,234,563
e Other . . . . .		46,642,239	15,475,773	31,166,466
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				186,457,563



Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	159,581,468	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments . . . . .	2a	22,730,993	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	-38,808,784	
e	Add lines 2a through 2d . . . . .	2e	-16,077,791	
3	Subtract line 2e from line 1 . . . . .	3	175,659,259	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,781,595	
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .	4c	1,781,595	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	177,440,854	

Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements . . . . .	1	122,018,518	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	1,105,677	
e	Add lines 2a through 2d . . . . .	2e	1,105,677	
3	Subtract line 2e from line 1 . . . . .	3	120,912,841	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b	40,590,379	
c	Add lines 4a and 4b . . . . .	4c	40,590,379	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	161,503,220	

Part XIIISupplemental 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.

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE EMIL R. WEISS CENTER FOR THE ARTS HOUSES THE TROUT GALLERY, WHICH IS USED FOR A VARIETY OF EXHIBITIONS, LECTURES, AND DEMONSTRATIONS RELATING TO THE COLLEGE'S FINE ARTS COLLECTION. THE TROUT GALLERY SERVES AS A CONTINUOUS DISPLAY OF ART EXHIBITS AND IS LOCATED IN SUCH AN AREA OF THE CAMPUS SO AS TO STIMULATE GENERAL STUDENT INTEREST AND BE A SERVICE TO THE HUMANITIES.
	PART IV, LINE 2B	FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE FUNDS RECEIVED FROM OFFICIALLY RECOGNIZED STUDENT ORGANIZATIONS AND OTHER ORGANIZATIONS SPECIFICALLY APPROVED BY THE TREASURER'S OFFICE. RELATED ASSETS ARE REPORTED ON FORM 990, PART X AND ARE ACCOUNTED FOR IN A MANNER CONSISTENT WITH THE COLLEGE'S REPORTING SYSTEM.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 870 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING FINANCIAL AID, FACULTY SALARIES AND BENEFITS, LIBRARY RESOURCES, BUILDING MAINTENANCE, STUDENT LOANS AND OTHER PROGRAMMATIC SUPPORT. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS. THE COLLEGE HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. UNDER THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE ENDOWMENT SPENDING RATE PLUS INFLATION, DEFINED AS THE CONSUMER PRICE INDEX PLUS 1%, WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT RISK. IN FY'13, SPENDING FROM THE ENDOWMENT PROVIDED APPROXIMATELY 9.2% OR \$10.2 MILLION OF DICKINSON'S OPERATING BUDGET REVENUES. THE ENDOWMENT POOL POSTED RETURNS OF 15.0% FOR THE FISCAL YEAR ENDED JUNE 30, 2013, AND HAS AVERAGED AN ANNUAL RETURN OF 9.4% OVER THE LAST DECADE, PLACING THE COLLEGE IN THE TOP 6% OF PERFORMANCE FOR HIGHER EDUCATION ENDOWMENTS (ACCORDING TO THE 2013 NACUBO-COMMONFUND STUDY OF ENDOWMENTS).
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. ACCORDINGLY, THE COLLEGE IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. NO PROVISIONS FOR INCOME TAXES HAVE BEEN MADE IN THE FINANCIAL STATEMENTS FOR 2013 OR 2012. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COLLEGE AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE COLLEGE, AND HAS CONCLUDED THAT AS OF JUNE 30, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE COLLEGE IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		STUDENT AID OFFSETTING REVENUES IN FINANCIAL STATEMENTS -38,808,784
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON EXTINGUISHMENT OF DEBT 1,105,677
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT AID INCLUDED WITH GRANTS ON THE 990 38,808,784. INVESTMENT FEES OFFSETTING REVENUES IN THE FINANCIAL STATEMENTS 1,781,595



SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number

23-1365954

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?

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

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

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

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

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

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

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(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) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	5	135			59,848,438
b Total from continuation sheets to Part I	1	51			4,216,883
c Totals (add lines 3a and 3b)	6	186			64,065,321

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶
- 3 Enter total number of other organizations or entities . . . . . ▶

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

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, 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)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

**Supplemental Information**  
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).

**Schedule F (Form 990) 2012**

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	27,300
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		51,977,789
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS AND OTHER ASSISTANCE		27,755



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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	RESEARCH AND DEVELOPMENT		4,647
EAST ASIA AND THE PACIFIC	0	14	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	1,571,179
EAST ASIA AND THE PACIFIC	0	0	GRANTS AND OTHER ASSISTANCE		812,170

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	RESEARCH AND DEVELOPMENT		10,780
EUROPE (INCLUDING ICELAND & GREENLAND)	5	120	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	5,416,818
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS AND OTHER ASSISTANCE		2,038,476

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		381,533
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	RESEARCH AND DEVELOPMENT		58,391
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		4,231

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		57,972
MIDDLE EAST AND NORTH AFRICA	0	3	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	47,360
MIDDLE EAST AND NORTH AFRICA	0	0	RESEARCH AND DEVELOPMENT		1,064

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NORTH AMERICA - CANADA AND MEXICO	0	0	RESEARCH AND DEVELOPMENT		11,753
RUSSIA & THE NEWLY INDEPENDENT STATES	0	8	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	191,055
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS AND OTHER ASSISTANCE		56,460

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	RESEARCH AND DEVELOPMENT		2,610
SOUTH AMERICA	0	2	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	366,212
SOUTH AMERICA	0	0	GRANTS AND OTHER ASSISTANCE		384,269

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	RESEARCH AND DEVELOPMENT		8,007
SOUTH ASIA	0	0	GRANTS AND OTHER ASSISTANCE		59,445
SOUTH ASIA	0	0	RESEARCH AND DEVELOPMENT		1,822

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	1	38	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	295,343
SUB-SAHARAN AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		247,854
SUB-SAHARAN AFRICA	0	0	RESEARCH AND DEVELOPMENT		3,026



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

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

1

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

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☐ Special fundraising events

2a

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

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHARITABLE DEVELOPMENT CONSULTING PO BOX 1486  FREDERICK, MD 21702	STRATEGIC CONSULTING FOR PLANNED GIVING		No	0	6,600	-6,600
LANDESBURG DESIGN INC 1219 BINGHAM STREET  PITTSBURGH, PA 152031121	CAMPAIGN COMMUNICATIONS SUPPORT		No	0	10,841	-10,841
WASHBURN & MCGOLDRICK INC 950 NEW LOUDON ROAD SUITE 210  LATHAM, NY 12110	STRATEGIC CONSULTING FOR PLANNED GIVING		No	0	21,082	-21,082
Total . . . . . ▶					38,523	-38,523

3

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor . . . .			
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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**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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS	1507		35,124,384 OTHER		NON-CASH CREDIT TO STUDENT ACCOUNTS
(2) ACADEMIC AWARDS AND FELLOWSHIPS FOR STUDENTS	81	24,638			
(3) ENVIRONMENTAL ACTIVISM PRIZE	1	100,000			

**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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DURING 2012-13, 66% OF THE TOTAL DICKINSON STUDENT BODY RECEIVED FINANCIAL AID FROM THE COLLEGE SINCE MOST OF THE COLLEGE'S GRANT AWARDS ARE MADE TO STUDENTS WITH DEMONSTRATED FINANCIAL NEED, THE MAJORITY OF THESE FUNDS SUPPLEMENTED THE CONTRIBUTION THAT ELIGIBLE FAMILIES MADE TOWARD TUITION, FEES, ROOM AND BOARD CHARGES THE COLLEGE'S INSTITUTIONAL METHODOLOGY USED TO DETERMINE ELIGIBILITY FOR GRANT FUNDS CONSIDERS ADDITIONAL FACTORS BEYOND THE DATA ITEMS REQUESTED ON THE FAFSA THESE INCLUDE (BUT ARE NOT LIMITED TO) HOME EQUITY, A CONTRIBUTION FROM THE NONCUSTODIAL PARENT, AND IN THE CASE OF A FAMILY WITH MORE THAN ONE STUDENT IN COLLEGE, AN EVALUATION OF THE ACTUAL COSTS INVOLVED IN SUPPORTING THE OTHER STUDENT(S) PARENTS IN COLLEGE AND SIBLINGS IN GRADUATE SCHOOL ARE NOT NORMALLY COUNTED AS OTHER FAMILY MEMBERS IN COLLEGE DICKINSON EXPECTS EACH FINANCIAL AID RECIPIENT TO WORK DURING THE SUMMER AND CONTRIBUTE A MINIMUM OF \$2,000 TOWARD COLLEGE COSTS STUDENTS ARE ALSO EXPECTED TO CONTRIBUTE A PORTION OF THEIR ASSETS EACH YEAR FOR EDUCATIONAL EXPENSES SOME STUDENTS RECEIVE EDUCATIONAL BENEFITS FROM GOVERNMENTAL AGENCIES SUCH AS THE VETERANS' ADMINISTRATION AND STATE BUREAUS OF VOCATIONAL REHABILITATION OR FROM PARENTS' EMPLOYERS IN THE FORM OF TUITION REMISSION SUCH BENEFITS MUST BE TAKEN INTO CONSIDERATION WHEN DETERMINING THE FINANCIAL AID PACKAGE THE FINANCIAL AID AWARD NOTICE WILL LIST ALL THE FINANCIAL AID PROGRAMS FOR WHICH THE STUDENT IS ELIGIBLE THE AMOUNT OF FINANCIAL AID THAT THE STUDENT RECEIVES FROM THESE PROGRAMS DEPENDS ON THE STUDENT'S COMPUTED NEED THE AMOUNT OF DICKINSON GRANT AND SCHOLARSHIP AID MAY ALSO BE INFLUENCED BY THE ACADEMIC ACHIEVEMENT AND PROMISE OF THE APPLICANT STUDENTS' FINANCIAL NEED IS RECALCULATED FOR EACH YEAR OF ATTENDANCE, AS A RESULT, AWARDED AMOUNTS OF NEED-BASED AID MAY VARY AS NEED CHANGES THE COLLEGE ATTEMPTS TO MAINTAIN APPROXIMATELY THE SAME AMOUNT OF DICKINSON GRANT FUNDS FROM YEAR TO YEAR UNLESS NEED CHANGES SIGNIFICANTLY THE STUDENT IS REQUIRED TO SUBMIT A PROFILE APPLICATION IF, AS A RESULT OF A SIGNIFICANT CHANGE IN FAMILY CIRCUMSTANCES, ADDITIONAL ASSISTANCE IS BEING REQUESTED
SCHEDULE I, PART III		GRANTS AND ASSISTANCE ARE APPLIED TO STUDENT ACCOUNTS AFTER THE START OF EACH SEMESTER OR TERM DOMESTIC GRANTS AND ASSISTANCE TO INDIVIDUALS REPORTED ON SCHEDULE I INCLUDE FINANCIAL AID PROVIDED TO STUDENTS STUDYING AT THE MAIN CAMPUS IN CARLISLE OR AT OTHER DOMESTIC PROGRAM LOCATIONS FOREIGN GRANTS AND ASSISTANCE TO INDIVIDUALS REPORTED ON SCHEDULE F INCLUDE FINANCIAL AID PROVIDED TO STUDENTS STUDYING ABROAD

Schedule J  
(Form 990)

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b</div> <div>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</div>	Yes	
<div>2</div> <div>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?</div>	Yes	
<div>3</div> <div>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</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>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</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>		No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	Yes	
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div>6</div> <div>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</div>		
<div>a</div> <div>The organization?</div>		No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div>7</div> <div>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</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  
**Note.** The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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
	PART I, LINE 1A	THE PRESIDENT AND HIS SPOUSE SERVE AS AMBASSADORS FOR THE COLLEGE AND FULFILL A KEY ADMINISTRATIVE ROLE IN COLLEGE ADVANCEMENT AND FUNDRAISING EFFORTS. THE PRESIDENT'S SPOUSE SERVES IN THE ROLE OF COLLEGE RELATIONS OFFICER. TRAVEL RELATED ONLY TO THE RESPONSIBILITIES OF THIS FUNCTION IS REIMBURSED IN ACCORDANCE WITH THE COLLEGE'S WRITTEN PROCUREMENT GUIDELINES AND IS NOT REPORTED AS TAXABLE COMPENSATION TO THE PRESIDENT. TRAVEL OUTSIDE OF THIS FUNCTION IS NOT REIMBURSED. COLLEGE-OWNED HOUSING IS PROVIDED TO THE PRESIDENT AS A CONDITION OF EMPLOYMENT. THE HOUSEHOLD MANAGER OF THE PRESIDENT'S HOUSE IS RESPONSIBLE FOR KEEPING THE HOUSE SECURE, WELL-MAINTAINED, AND PHYSICALLY AND AESTHETICALLY COMFORTABLE FOR THE RESIDENTS AND VISITORS. THIS FULL-TIME POSITION IS ALSO RESPONSIBLE FOR SUPERVISING HOUSEKEEPERS, PROJECT CREWS, CATERING CREWS, OUTSIDE VENDORS PERFORMING WORK ON THE PROPERTY AND IN THE HOUSE, AND HOME REPAIR AND IMPROVEMENT CREWS. THE FAIR VALUE OF HOUSING AND RELATED SERVICES ARE REPORTED IN TOTAL COMPENSATION IN PART II. THOMAS QUEENAN, VP FINANCE & ADMINISTRATION AND TREASURER, RECEIVED THE USE OF COLLEGE-OWNED HOUSING DURING JANUARY 2012. THIS AMOUNT IS CONSIDERED TAXABLE AND WAS INCLUDED ON THE INDIVIDUAL'S FORM W-2.
	PART I, LINE 4B	PART I, LINE 4B - THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THESE AMOUNTS ARE INCLUDED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II: WILLIAM G. DURDEN \$122,033; THOMAS A. K. QUEENAN \$520; NEIL B. WEISSMAN \$3,010; STEPHANIE S. BALMER \$1,316; DANA E. SCADUTO \$22,966. THE FOLLOWING INDIVIDUAL RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II AND WAS REPORTED AS DEFERRED COMPENSATION ON PRIOR YEAR FORM 990'S: NICKOLAS G. STAMOS \$106,038.



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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
WILLIAM G DURDEN	(i) (ii)	561,669 0	17,000 0	28,542 0	195,357 0	45,554 0	848,122 0	0 0
THOMAS AK QUEENAN	(i) (ii)	253,662 0	12,000 0	2,705 0	41,175 0	12,965 0	322,507 0	0 0
KAREN NEELY FARYNIAK	(i) (ii)	133,250 0	50,000 0	646 0	9,796 0	13,104 0	206,796 0	0 0
NEIL B WEISSMAN	(i) (ii)	288,995 0	17,000 0	7,762 0	50,454 0	13,703 0	377,914 0	0 0
STEPHANIE S BALMER	(i) (ii)	264,669 0	42,000 0	2,194 0	55,482 0	16,282 0	380,627 0	0 0
JOHN A WEIS	(i) (ii)	211,554 0	15,000 0	5,761 0	41,287 0	51,095 0	324,697 0	0 0
ROBERT E RENAUD	(i) (ii)	173,806 0	15,000 0	3,809 0	31,764 0	13,421 0	237,800 0	0 0
APRIL L VARI	(i) (ii)	140,331 0	15,000 0	1,038 0	24,987 0	7,360 0	188,716 0	0 0
DANA E SCADUTO	(i) (ii)	226,988 0	15,000 0	26,062 0	40,789 0	2,671 0	311,510 0	0 0
BRIAN J WHALEN	(i) (ii)	169,757 0	0 0	1,298 0	12,416 0	17,090 0	200,561 0	0 0
SUSAN D ROSE	(i) (ii)	154,452 0	0 0	1,669 0	8,958 0	14,624 0	179,703 0	0 0
HAROLD L POHLMAN	(i) (ii)	146,883 0	0 0	2,523 0	10,770 0	13,509 0	173,685 0	0 0
ROBERT P WINSTON	(i) (ii)	138,011 0	0 0	2,938 0	10,074 0	18,712 0	169,735 0	0 0
KENNETH E SHULTES	(i) (ii)	171,040 0	0 0	866 0	12,644 0	18,842 0	203,392 0	0 0
NICKOLAS G STAMOS	(i) (ii)	0 0	0 0	106,038 0	0 0	0 0	106,038 0	106,038 0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY	23-2447147	613603RZ4	05-18-2006	44,091,361	REFINANCING AND CONSTRUCTION		X		X		X
B	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NBX4	06-01-2007	23,675,635	CONSTRUCTION		X		X		X
C	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCP0	03-31-2008	18,277,445	REFINANCING		X		X		X
D	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCR6	09-30-2009	10,000,000	CONSTRUCTION		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	44,443,296		24,328,876		18,277,457		10,003,371	
4	Gross proceeds in reserve funds	4,145,000				12		1	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	20,700,216				18,048,311			
7	Issuance costs from proceeds	438,999		266,878		228,798		120,141	
8	Credit enhancement from proceeds	297,905		392,000					
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	18,861,177		23,669,997				9,880,228	
11	Other spent proceeds								
12	Other unspent proceeds	336				336			
13	Year of substantial completion	2007		2008		2008		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 00000%		0 00000%		0 00000%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0%		0 00000%		%		%	
6	Total of lines 4 and 5	0%		0 00000%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		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?	X		X		X		X	

Part VI

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

Identifier	Return Reference	Explanation
SCHEDULE K PART IV, ARBITRAGE, LINE 2C	DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 09/19/2013 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 08/21/2013 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 11/16/2012 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/30/2012
SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE	TOTAL PROCEEDS OF EACH ISSUE DIFFER FROM THE ISSUE PRICE DUE TO ACCRUED INTEREST RECEIVED AT CLOSING, INVESTMENT EARNINGS ON FUNDS HELD BY THE TRUSTEE, OR A COMBINATION THEREOF

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2012
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
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Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	230614GB9	09-06-2012	40,480,007	REFINANCING AND CONSTRUCTION		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		40,499,891						
4	Gross proceeds in reserve funds		25						
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows		15,028,591						
7	Issuance costs from proceeds		433,943						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds		13,621,379						
11	Other spent proceeds								
12	Other unspent proceeds		11,415,953						
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2	Are there any lease arrangements that may result in private business use of bond-financed property?											

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

		A		B		C		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?	X							

Part VI

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

Identifier	Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047  

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
  
23-1365954

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) NICKOLAS STAMOS	FORMR VP OF CAMPUS OPERATIONS	ADVANCE FUNDING FOR EARLY RETIREMENT PLAN LIABILITIES		X	44,342	44,853		No		No	Yes	
Total ▶ \$						44,853						

Part III

Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELKE F DURDEN	FAMILY	34,489	EMPLOYMENT OF FAMILY MEMBER OF WILLIAM G DURDEN, OFFICER AND TRUSTEE		No

**Part V**

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	2	20,000	APPRAISED VALUES
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		4,819	COMPARABLE SALES
5 Clothing and household goods . . . . .	X		1,138	APPRAISED VALUES
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	65	6,522,945	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	2	3,895	APPRAISED VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .	X	3	480	APPRAISED VALUE
24 Archeological artifacts . . . . .				
25 Other ► ( <u>COMPUTERS/EQUIPMENT</u> )	X	1	16,475	COMPARABLE SALES
26 Other ► ( <u>                    </u> )				
27 Other ► ( <u>                    </u> )				
28 Other ► ( <u>                    </u> )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

290

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30aYesNo

31 If "Yes," describe the arrangement in Part II

31Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32aYes

33 If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, 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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I COLUMN (B) IS BASED ON THE NUMBER OF DONATIONS TO THE COLLEGE, AS OPPOSED TO THE NUMBER OF ITEMS DONATED
THIRD PARTY USE	PART I, LINE 32B	MORGAN STANLEY'S BROKERAGE FIRM PROCESSES AND SELLS STOCK GIFTS RECEIVED BY THE COLLEGE

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
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Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	2,876 INDIVIDUALS PROVIDED VOLUNTEER SERVICES FOR THE COLLEGE ON A PART-TIME BASIS DURING FISCAL YEAR 2012-13. IN ADDITION TO MEMBERS OF THE BOARD OF TRUSTEES AND CAMPAIGN STEERING COMMITTEE, THE DICKINSON VOLUNTEER NETWORK INCLUDES OPPORTUNITIES IN ADMISSIONS, ADVANCEMENT, COLLEGE RELATIONS AND THE CAREER CENTER.

Identifier	Return Reference	Explanation
	FORM 990, PART V, LINE 1A	THE TOTAL NUMBER OF FORMS SUBMITTED INCLUDES 1098-T (2,627), 1099-MISC (429), AND 1099-R (87)

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

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

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



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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON EXTINGUISHMENT OF DEBT -1,105,677

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
DICKINSON COLLEGE

Employer identification number  
23-1365954

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DICKINSON COLLEGE EMPLOYEE VEBA TRUST  PO BOX 1773  CARLISLE, PA 17013 04-3838462	VEBA TRUST	PA	501(C)(9)		DICKINSON COLLEGE		No
(2) DICKINSON COLLEGE EMPLOYER VEBA TRUST  PO BOX 1773  CARLISLE, PA 17013 04-3838439	VEBA TRUST	PA	501(C)(9)		DICKINSON COLLEGE		No
(3) SANDIA FOUNDATION  6211 SAN MATEO BLVD NE SUITE 100  ALBUQUERQUE, NM 87109 85-6009907	FOUNDATION	NM	501(C)(3)	LINE 11D, III-O	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DICKINSON COLLEGE EMPLOYER VEBa TRUST	Q	261,149	FMV

Schedule R (Form 990) 2012

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

[illegible]

Software ID:

Software Version:

EIN: 23-1365954

Name: DICKINSON COLLEGE

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation							
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (11)	ANNUITY	PA	N/A	T					No
POOLED INCOME FUND (2)	ANNUITY	PA	N/A	T					No
BWC TRUST  14334 STILTON CIRCLE SILVER SPRINGS, MD 20905 52-0663103	PERPETUAL TRUST	MD	N/A	T	38,472	1,780,788	100 000 %		No
GLB TRUST  MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6508108	PERPETUAL TRUST	PA	N/A	T	1,919	45,202	100 000 %		No
DWH TRUST  MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 25-6482126	PERPETUAL TRUST	PA	N/A	T	11,565	215,125	50 000 %		No
JWK TRUST  WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA 19109 23-6645755	PERPETUAL TRUST	PA	N/A	T	274,600	2,196,057	100 000 %		No
MDL TRUST  BNY MELLON NA PO BOX 185 PITTSBURGH, PA 15230 23-6225772	PERPETUAL TRUST	PA	N/A	T	583		100 000 %		No
JFH TRUST  MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6480244	PERPETUAL TRUST	PA	N/A	T	28,199	607,001	100 000 %		No