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Check if Schedule O contains a response or note to any line in this Part III ☒

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
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.

4e	Total program service expenses	145,364,948
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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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	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.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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		
	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		
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 , 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 17013 (717)245-1943

Check if Schedule O contains a response or note to any line in this Part VII ☐

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

Form **990** (2013)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,818,884	0	773,771

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. 70

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
QUANDEL CONSTRUCTION GROUP INC 3003 NORTH FRONT STREET HARRISBURG PA 17110	CONSTRUCTION	4,720,200
ALEXANDER BUILDING CONSTRUCTION CO 315 VAUGHN STREET HARRISBURG PA 17110	CONSTRUCTION	3,119,867
WAGMAN CONSTRUCTION INC 231 NORTH GEORGE STREET YORK PA 174011107	CONSTRUCTION	2,514,455
MCCOY BROTHERS INC 1514 COMMERCE AVENUE CARLISLE PA 17015	CONSTRUCTION	706,313
M ARTHUR GENSLE JR & ASSOCIATES INC 4541 COLLECTIONS CENTER DRIVE CHICAGO IL 606930001	ARCHITECTURAL SERVICES	598,645

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 ▶21

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	66,082			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,178,060			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,217,463			
	g	Noncash contributions included in lines 1a-1f \$		1,099,314			
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	TUITION AND FEES	Business Code	900099	110,348,110	110,348,110	
	b	ROOM AND BOARD		721310	23,425,634	23,425,634	
	c	OTHER AUXILIARY SERVIC		721000	7,552,054	7,394,542	112,470
	d	PROGRAM-RELATED INVEST		523000	90,403	90,403	
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			141,416,201		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,373,413		
4		Income from investment of tax-exempt bond proceeds . .		5,179			5,179
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			
		17,469,553		195,896			
		3,961,877		945,476			
		13,507,676		-749,580			
d		Net gain or (loss)		12,758,096			12,758,096
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		900009	2,437,345	2,124,604	312,741	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,437,345			
12	Total revenue. See Instructions			168,451,839	143,383,293	425,211	14,181,730

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 or note to any line 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.	156,550	156,550		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	37,062,141	37,062,141		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,463,660	3,463,660		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,725,402		2,365,348	360,054
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	57,272	57,272		
7	Other salaries and wages.	51,452,362	44,384,498	4,785,507	2,282,357
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,123,800	2,685,244	296,083	142,473
9	Other employee benefits.	10,367,889	8,508,779	1,349,275	509,835
10	Payroll taxes.	3,796,843	3,209,375	396,391	191,077
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	344,699		344,699	
c	Accounting.	159,493		159,493	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	156,712			156,712
f	Investment management fees.	1,227,362		1,227,362	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,208,797	1,763,947	289,363	155,487
12	Advertising and promotion.	44,779	37,441	7,338	
13	Office expenses.	4,293,758	3,484,315	560,112	249,331
14	Information technology.	2,840,192	1,709,590	1,100,641	29,961
15	Royalties.	901	901		
16	Occupancy.	8,684,728	8,342,987	270,754	70,987
17	Travel.	2,244,531	1,879,814	246,633	118,084
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	537,193	443,294	71,041	22,858
20	Interest.	5,726,854	5,726,854		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,863,794	9,454,557	305,183	104,054
23	Insurance.	1,117,312	1,070,956	34,569	11,787
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	4,766,306	4,273,612	221,310	271,384
b	TUITION EXPENSE	3,499,621	3,499,621	0	0
c	BOOKSTORE	1,122,201	1,122,201	0	0
d	REPAIRS AND MAINTENANCE	665,653	665,653	0	0
e	All other expenses	2,680,853	2,361,686	253,056	66,111
25	Total functional expenses. Add lines 1 through 24e.	164,391,658	145,364,948	14,284,158	4,742,552
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 or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		273,624	1	237,072
	2	Savings and temporary cash investments		12,481,555	2	13,831,578
	3	Pledges and grants receivable, net		21,929,461	3	22,966,834
	4	Accounts receivable, net		2,126,942	4	2,789,032
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		44,853	5	0
	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		290,198	7	289,467
	8	Inventories for sale or use		505,287	8	453,262
	9	Prepaid expenses and deferred charges		3,120,497	9	3,142,064
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a342,858,202			
	b	Less accumulated depreciation	10b143,847,005	186,457,563	10c	199,011,197
	11	Investments—publicly traded securities		19,973,833	11	21,020,884
	12	Investments—other securities See Part IV, line 11		340,799,561	12	384,357,228
	13	Investments—program-related See Part IV, line 11		6,888,050	13	6,952,778
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,584,526	15	4,145,075
	16	Total assets. Add lines 1 through 15 (must equal line 34)		610,475,950	16	659,196,471
Liabilities	17	Accounts payable and accrued expenses		10,885,710	17	12,005,246
	18	Grants payable			18	
	19	Deferred revenue		5,445,934	19	4,883,758
	20	Tax-exempt bond liabilities		132,977,988	20	130,399,139
	21	Escrow or custodial account liability Complete Part IV of Schedule D		1,558,488	21	2,076,261
	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		8,289,750	25	7,492,709
	26	Total liabilities. Add lines 17 through 25		159,157,870	26	156,857,113
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		276,190,694	27	313,761,307
	28	Temporarily restricted net assets		65,594,878	28	73,910,146
	29	Permanently restricted net assets		109,532,508	29	114,667,905
	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		451,318,080	33	502,339,358
	34	Total liabilities and net assets/fund balances		610,475,950	34	659,196,471

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	168,451,839
2	Total expenses (must equal Part IX, column (A), line 25)	2	164,391,658
3	Revenue less expenses Subtract line 2 from line 1	3	4,060,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	451,318,080
5	Net unrealized gains (losses) on investments	5	46,961,097
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	502,339,358

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <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		No
2b	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	Yes	
2c	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	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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

[illegible]

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			
KELLIE L NEWTON TRUSTEE	2 00	X						0	0	0
DARRELL I PACHECO TRUSTEE	2 00	X						0	0	0
DOUGLAS J PAULS TRUSTEE	2 00	X						0	0	0
SUSAN WYCKOFF POHL TRUSTEE	2 00	X						0	0	0
MICHELE MAHONEY RICHARDSON TRUSTEE/COMMITTEE CHAIR	4 00	X						0	0	0
TARUN SAINI TRUSTEE	2 00	X						0	0	0
CAROL JONES SAUNDERS TRUSTEE/COMMITTEE CHAIR	4 00	X						0	0	0
SYLVIA J SMITH TRUSTEE/COMMITTEE CHAIR	4 00	X						0	0	0
MARJORIE A SPEERS TRUSTEE	2 00	X						0	0	0
R DAVID WECHSLER TRUSTEE	2 00	X						0	0	0
CRAIG C WEEKS TRUSTEE	2 00	X						0	0	0
NANCY A ROSEMAN PRESIDENT	40 00	X		X				204,153	0	31,619
BRONTE D JONES VP FINANCE & ADMIN AND TREASURER	40 00			X				68,266	0	6,603
SEAN M WITTE AVP FINANCE AND ASST TREASURER	40 00			X				125,196	0	16,121
KAREN FARYNIAK CHIEF OF STAFF AND SECRETARY	40 00			X				138,557	0	22,650
MELISSA G KEEBLER ASST CHIEF OF STAFF AND ASST SECRETARY	40 00			X				49,475	0	19,933
STEPHANIE S BALMER VP ENROLL/COMM AND DEAN ADMISS	40 00				X			333,304	0	108,829
ROBERT E RENAUD VP AND CIO	40 00				X			192,932	0	45,091
APRIL L VARI VP STUDENT DEVELOPMENT	40 00				X			169,367	0	9,020
JOHN A WEIS VP HR SERVICES	40 00				X			238,928	0	64,725
NEIL B WEISSMAN PROVOST AND DEAN	40 00				X			319,863	0	45,810
CARYOLYN GRIFFIN YEAGER INTERIM VP COLLEGE ADVANCEMENT	40 00				X			171,282	0	11,784
DANA E SCADUTO GENERAL COUNSEL	40 00					X		270,576	0	44,243
BRIAN J WHALEN PRES/CEO FORUM ON EDUC ABROAD	40 00					X		180,228	0	29,883
SUSAN D ROSE PROFESSOR	40 00					X		158,978	0	25,031

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			
STEPHEN C HIETSCH AVP AUX SVCS & BUDGET MGT	40 00					X		148,080	0	27,440
HAROLD L POHLMAN ASSOC PROVOST ACADEMIC AFFAIRS	40 00					X		155,180	0	23,212
WILLIAM G DURDEN FORMER PRESIDENT	40 00						X	615,279	0	202,827
NORM J JONES FORMER ASSISTANT SECRETARY	40 00						X	101,973	0	7,663
KENNETH E SHULTES FORMER AVP CAMPUS OPERATIONS	40 00						X	177,267	0	31,287

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	10,642,798	11,629,121	13,134,752	16,140,110	10,461,605	62,008,386
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	10,642,798	11,629,121	13,134,752	16,140,110	10,461,605	62,008,386
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)						4,646,669
6 Public support. Subtract line 5 from line 4						57,361,717

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,642,798	11,629,121	13,134,752	16,140,110	10,461,605	62,008,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,271,241	2,972,793	2,944,637	1,626,234	1,468,635	11,283,540
9 Net income from unrelated business activities, whether or not the business is regularly carried on			45,876		308,778	354,654
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,741,187	2,640,643	1,960,602	2,157,676	2,124,603	13,624,711
11 Total support (Add lines 7 through 10)						87,271,291
12 Gross receipts from related activities, etc (see instructions)					12	664,035,026
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 2013 (line 6, column (f) divided by line 11, column (f))	14	65 730 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization DICKINSON COLLEGE	Employer identification number 23-1365954
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		
j	Total. Add lines 1c through 1i.			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE COLLEGE DOES NOT DIRECTLY ENGAGE IN LOBBYING ACTIVITY. HOWEVER, A PORTION OF THE DUES PAID TO PROFESSIONAL ORGANIZATIONS MAY BE USED FOR LOBBYING ON BEHALF OF MEMBER INSTITUTIONS.

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

► \$ 15,000

(ii) Assets included in Form 990, Part X

► \$ 2,512,603

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) 2013

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	383,627,404	351,506,362	356,901,810	309,076,283	276,019,623
b Contributions	2,483,050	2,256,457	2,952,166	5,444,565	4,198,184
c Net investment earnings, gains, and losses	61,660,389	46,128,627	5,549,396	54,532,629	40,449,270
d Grants or scholarships	6,011,792	5,472,787	3,829,995	3,806,162	3,649,377
e Other expenditures for facilities and programs	7,592,347	7,052,759	6,341,405	6,282,033	6,076,670
f Administrative expenses	3,340,291	3,738,496	3,725,610	2,063,472	1,864,747
g End of year balance	430,826,413	383,627,404	351,506,362	356,901,810	309,076,283

- 2

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

Board designated or quasi-endowment

57 800 %

b

Permanent endowment

15 590 %

c

Temporarily restricted endowment

26 610 %
- 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

b

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

3b

Yes
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	8,726,924	11,382,730		20,109,654
b Buildings		256,135,236	106,537,219	149,598,017
c Leasehold improvements		3,814,189	2,400,996	1,413,193
d Equipment		21,576,853	18,459,301	3,117,552
e Other		41,222,270	16,449,489	24,772,781
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				199,011,197

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	173,787,170
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	46,961,097
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-40,398,404
e	Add lines 2a through 2d	2e	6,562,693
3	Subtract line 2e from line 1	3	167,224,477
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	1,227,362
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,227,362
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	168,451,839

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	122,765,892
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	122,765,892
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	41,625,766
c	Add lines 4a and 4b	4c	41,625,766
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	164,391,658

Part XIII

Supplemental Information

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

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
PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 880 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'14, SPENDING FROM THE ENDOWMENT PROVIDED APPROXIMATELY 9.6% OR \$11.1 MILLION OF DICKINSON'S OPERATING BUDGET REVENUES, WITH ANOTHER \$3.0 MILLION GOING TO RESTRICTED FUNDS THE ENDOWMENT POOL POSTED RETURNS OF 14.0% FOR THE FISCAL YEAR ENDED JUNE 30, 2014 (NOTE THE FINANCIAL STATEMENTS INCLUDE AN AUDIT ADJUSTMENT RELATING TO LAGGED INVESTMENT MANAGER VALUATIONS THAT BRING THE ONE-YEAR RETURN UP TO 16.0%, ADDING APPROXIMATELY \$6.8 MILLION TO THE ENDOWMENT TOTAL) THE ENDOWMENT POOL HAS AVERAGED AN ANNUAL RETURN OF 8.9% OVER THE LAST DECADE, PLACING THE COLLEGE IN THE TOP 8% OF PERFORMANCE FOR HIGHER EDUCATION ENDOWMENTS (ACCORDING TO THE 2014 NACUBO-COMMONFUND STUDY OF ENDOWMENTS)
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 ACCOMPANYING FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2014 OR 2013 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, 2014, 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
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT AID OFFSETTING REVENUES IN FINANCIAL STATEMENTS -40,398,404
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT AID INCLUDED WITH GRANTS ON THE 990 40,398,404 INVESTMENT FEES OFFSETTING REVENUES IN THE FINANCIAL STATEMENTS 1,227,362

[illegible]

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number

23-1365954

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
	4b	Yes	
<div>2</div> <div>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?</div>	4c	Yes	
	4d	Yes	
	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
<div>3</div> <div>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</div>	6a	Yes	
	6b		No
	7	Yes	

Part III Supplemental Information. 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)

Return Reference	Explanation
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
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.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	5	124			58,826,074
b Total from continuation sheets to Part I	1	65			4,247,136
c Totals (add lines 3a and 3b)	6	189			63,073,210

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)
(1)									
(2)									
(3)									
(4)									

- 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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	CENTRAL AMERICA AND THE CARIBBEAN	5			63,348	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(2) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	EAST ASIA AND THE PACIFIC	39			655,498	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(3) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	EUROPE (INCLUDING ICELAND & GREENLAND)	144			2,206,176	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(4) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	MIDDLE EAST AND NORTH AFRICA	6			101,831	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(5) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	RUSSIA & THE NEIGHBORING STATES	4			86,195	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(6) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SOUTH AMERICA	9			170,872	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(7) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SOUTH ASIA	1			24,935	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(8) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD	SUB-SAHARAN AFRICA	10			154,805	NON-CASH CREDIT TO STUDENT ACCOUNTS	OTHER
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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

☒ Yes

☐ No
- 5

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

☒ Yes

☐ No
- 6

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

☐ Yes

☒ No

Part V

Supplemental Information

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).

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS AND OTHER ASSISTANCE		63,348
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		51,138,226
CENTRAL AMERICA AND THE CARIBBEAN	0	0	RESEARCH AND DEVELOPMENT		6,153

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	ADMISSIONS RECRUITING		13,673
EAST ASIA AND THE PACIFIC	0	13	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	1,554,489
EAST ASIA AND THE PACIFIC	0	0	GRANTS AND OTHER ASSISTANCE		655,498

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		14,969
EUROPE (INCLUDING ICELAND & GREENLAND)	5	111	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	5,379,718
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS AND OTHER ASSISTANCE		2,206,176

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		369,606
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	RESEARCH AND DEVELOPMENT		80,817
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		5,788

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	ADMISSIONS RECRUITING		855
MIDDLE EAST AND NORTH AFRICA	0	0	ADMISSIONS RECRUITING		1,587
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		101,831

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	PROGRAM SERVICES	VISITING SCHOLAR	1,590
MIDDLE EAST AND NORTH AFRICA	0	0	RESEARCH AND DEVELOPMENT		4,452
NORTH AMERICA - CANADA AND MEXICO	0	0	RESEARCH AND DEVELOPMENT		11,344

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 AND THE NEIGHBORING STATES	0	22	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	192,905
RUSSIA AND THE NEIGHBORING STATES	0	0	GRANTS AND OTHER ASSISTANCE		86,195
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	RESEARCH AND DEVELOPMENT		2,236

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	ADMISSIONS RECRUITING		4,500
SOUTH AMERICA	0	3	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	445,138
SOUTH AMERICA	0	0	GRANTS AND OTHER ASSISTANCE		170,872

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		7,299
SOUTH ASIA	0	0	ADMISSIONS RECRUITING		4,050
SOUTH ASIA	0	0	RESEARCH AND DEVELOPMENT		1,314

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 ASIA	0	0	GRANTS AND OTHER ASSISTANCE		24,935
SUB-SAHARAN AFRICA	1	40	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	368,841
SUB-SAHARAN AFRICA	0	0	GRANTS AND OTHER ASSISTANCE		154,805

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

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			
1 CASE CONSULTING SERVICES 9912 GEORGETOWN PIKE SUITE 202-C GREAT FALLS, VA 22066	ORGANIZATIONAL PLANNING,CAMPAIGN ANALYSIS & PROFESSIONAL DEV		No	0	104,062	-104,062
2 WASHBURN & MCGOLDRICK INC 950 NEW LOUDON ROAD SUITE 210 LATHAM, NY 12110	STRATEGIC CONSULTING FOR PLANNED GIVING		No	0	25,244	-25,244
3 CHARITABLE DEVELOPMENT CONSULTING PO BOX 1486 FREDERICK, MD 21702	STRATEGIC CONSULTING FOR PLANNED GIVING		No	0	13,372	-13,372
4						
5						
6						
7						
8						
9						
10						
Total ▶					142,678	-142,678

3

List all states in which the organization is registered or licensed to solicit contributions 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 Subtract line 10 from line 3, column (d) ▶			

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

		(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			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶			

9 Enter the state(s) in which the organization 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.** 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).

Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DICKINSON COLLEGE

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

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

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number
23-1365954

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOROUGH OF CARLISLE 53 WEST SOUTH STREET CARLISLE, PA 17013	23-6002842	GOVERNMENT	50,000		FMV		PAYMENT IN LIEU OF TAXES
(2) CARLISLE REGIONAL PERFORMING ARTS CENTER 40 WEST HIGH STREET CARLISLE, PA 17013	25-1635184	501 (C)(3)	79,800		FMV		GENERAL COMMUNITY SUPPORT
(3) DOWNTOWN CARLISLE ASSOCIATION 53 WEST SOUTH STREET CARLISLE, PA 17013	23-2224862	501 (C)(3)	26,000		FMV		GENERAL SUPPORT

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3

3

Enter total number of other organizations listed in the line 1 table

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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	1464		36,934,744	OTHER	NON-CASH CREDIT TO STUDENT ACCOUNTS
(2) ACADEMIC AWARDS AND FELLOWSHIPS FOR STUDENTS	85	27,397			
(3) ENVIRONMENTAL ACTIVISM PRIZE	1	100,000			

Part IV

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

Return Reference	Explanation
PART I, LINE 2	DURING 2013-14, 68% 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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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

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.

Return Reference	Explanation
PART I, LINE 1A	SCHEDULE J, PART I, LINE 1A THE PRESIDENT AND HER SPOUSE SERVE AS AMBASSADORS FOR THE COLLEGE AND FULFILL A KEY ADMINISTRATIVE ROLE IN COLLEGE ADVANCEMENT AND FUNDRAISING EFFORTS TRAVEL RELATED TO THE RESPONSIBILITIES OF THIS FUNCTION WAS REIMBURSED IN ACCORDANCE WITH THE COLLEGE'S WRITTEN PROCUREMENT GUIDELINES HOWEVER, THE COLLEGE HAS DECIDED TO TAKE A CONSERVATIVE APPROACH BY REPORTING ALL SPOUSAL TRAVEL AS TAXABLE INCOME AND PROVIDING A GROSS-UP PAYMENT TO THE PRESIDENT TO COVER THE TAX EFFECTS OF THE ADDITIONAL REPORTABLE COMPENSATION COLLEGE OWNED HOUSING IS PROVIDED TO THE PRESIDENT AS A CONDITION OF EMPLOYMENT THE PRESIDENT'S HOUSE IS MAINTAINED BY THE COLLEGE AND/OR EXTERNAL VENDORS THE COLLEGE EMPLOYED A HOUSEHOLD MANAGER THROUGH JULY 1, 2013 THIS INDIVIDUAL WAS RESPONSIBLE FOR KEEPING THE HOUSE SECURE, WELL-MAINTAINED, AND PHYSICALLY AND AESTHETICALLY COMFORTABLE FOR THE RESIDENTS AND VISITORS THIS FULL-TIME POSITION WAS 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
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 \$122,268 STEPHANIE S BALMER \$1,909 NEIL B WEISSMAN \$3,278 DANA E SCADUTO \$23,642 THE FOLLOWING INDIVIDUAL RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II AND APPLICABLE AMOUNTS WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEAR FORM 990'S JOHN A WEIS \$57,288 APRIL L VARI \$86,508

Additional Data

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				
NANCY A ROSEMAN PRESIDENT	(i) (ii)	197,644 0	0 0	6,509 0	14,000 0	17,619 0	235,772 0	0 0
KAREN FARYNIAK CHIEF OF STAFF AND SECRETARY	(i) (ii)	137,885 0	0 0	672 0	10,130 0	12,520 0	161,207 0	0 0
STEPHANIE S BALMER VP ENROLL/COMM AND DEAN ADMISS	(i) (ii)	277,968 0	52,500 0	2,836 0	46,054 0	62,775 0	442,133 0	0 0
ROBERT E RENAUD VP AND CIO	(i) (ii)	178,996 0	10,000 0	3,936 0	32,368 0	12,723 0	238,023 0	0 0
APRIL L VARI VP STUDENT DEVELOPMENT	(i) (ii)	72,244 0	10,000 0	87,123 0	5,268 0	3,752 0	178,387 0	28,027 0
JOHN A WEIS VP HR SERVICES	(i) (ii)	163,045 0	10,000 0	65,883 0	16,066 0	48,659 0	303,653 0	30,729 0
NEIL B WEISSMAN PROVOST AND DEAN	(i) (ii)	297,441 0	10,000 0	12,422 0	31,558 0	14,252 0	365,673 0	0 0
CARYOLYN GRIFFIN YEAGER INTERIM VP COLLEGE ADVANCEMENT	(i) (ii)	150,798 0	20,000 0	484 0	10,816 0	968 0	183,066 0	0 0
DANA E SCADUTO GENERAL COUNSEL	(i) (ii)	233,838 0	10,000 0	26,738 0	42,689 0	1,554 0	314,819 0	0 0
BRIAN J WHALEN PRES/CEO FORUM ON EDUC ABROAD	(i) (ii)	178,192 0	0 0	2,036 0	13,072 0	16,811 0	210,111 0	0 0
SUSAN D ROSE PROFESSOR	(i) (ii)	153,147 0	0 0	5,831 0	9,245 0	15,786 0	184,009 0	0 0
STEPHEN C HIETSCH AVP AUX SVCS & BUDGET MGT	(i) (ii)	147,622 0	0 0	458 0	10,874 0	16,566 0	175,520 0	0 0
HAROLD L POHLMAN ASSOC PROVOST ACADEMIC AFFAIRS	(i) (ii)	152,408 0	0 0	2,772 0	11,120 0	12,092 0	178,392 0	0 0
WILLIAM G DURDEN FORMER PRESIDENT	(i) (ii)	569,880 0	17,500 0	27,899 0	173,788 0	29,039 0	818,106 0	0 0
NORM J JONES FORMER ASSISTANT SECRETARY	(i) (ii)	96,625 0	0 0	5,348 0	7,024 0	639 0	109,636 0	0 0
KENNETH E SHULTES FORMER AVP CAMPUS OPERATIONS	(i) (ii)	176,372 0	0 0	895 0	13,017 0	18,270 0	208,554 0	0 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990 .										OMB No 1545-0047	
											2013	
	Department of the Treasury Internal Revenue Service	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	44,443,341		24,328,876		18,277,463		10,000,370	
4	Gross proceeds in reserve funds	4,145,044				18		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			
13	Year of substantial completion	2007		2008		2008		2010	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			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 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 010 %		0 %		0 %			
6	Total of lines 4 and 5	0 010 %		0 %		0 %			
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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2014 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2014 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 05/01/2014 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2014

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

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 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	40,504,551							
4	Gross proceeds in reserve funds	12							
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	25,042,005							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2014							
		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?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				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						
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							
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							
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 %							
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 %							
6	Total of lines 4 and 5							
	0 %							
7	Does the bond issue meet the private security or payment test?							
		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						
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							

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

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

OMB No 1545-0047
2013
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
Total ▶ \$											

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) PAULA LIMA-JONES	FAMILY	57,272	EMPLOYMENT OF FAMILY MEMBER OF NORM JONES, FORMER OFFICER		No

Part V

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

Open to Public Inspection

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	1	15,000	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		5,070	APPRAISED VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	65	1,065,511	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	1	850	APPRAISED VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens	X	1	190	APPRAISED VALUE
24 Archeological artifacts				
25 Other ▶ (COMPUTERS AND)	X	2	11,909	COMPARABLE SALES
26 Other ▶ (BICYCLE EQUIP)	X	2	784	APPRAISED VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29

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

5

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?

30a

No

b

If "Yes," describe the arrangement in Part II

31

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

31

Yes

32a

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

32a

Yes

b

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. 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.

Return Reference	Explanation
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
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.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
DICKINSON COLLEGE

Employer identification number

23-1365954

Return Reference	Explanation
FORM 990, PART I, LINE 6	2,273 INDIVIDUALS PROVIDED VOLUNTEER SERVICES FOR THE COLLEGE ON A PART-TIME BASIS DURING FISCAL YEAR 2013-14. 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.

Return Reference	Explanation
FORM 990, PART V, LINE 1A	THE TOTAL NUMBER OF FORMS SUBMITTED INCLUDES 1098-T (2,682), 1099-MISC (419), AND 1099-R (91)

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 AVP OF FINANCE 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 COMMITTEE ON FINANCE, BUDGET AND AUDIT AND THE SUBCOMMITTEE ON AUDIT AND COMPLIANCE VIA CONFERENCE CALL (AN ELECTRONIC COPY OF THE DRAFT IS PROVIDED TO EACH COMMITTEE/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.

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"> 1. WHERE THE NATURE OF THE CONFLICT IS SUCH THAT THE INDIVIDUAL INVOLVED IS NOT ABLE TO DISCLOSE THE DETAILS THEREOF WITHOUT BREACHING OTHER CONFIDENCES, HE MUST, UPON NOTICE TO THE PRESIDENT OF THE COLLEGE OR THE CHAIRMAN OF THE BOARD OF TRUSTEES, REMOVE HIMSELF FROM ALL MEETINGS, DISCUSSIONS, DELIBERATIONS AND ACTIONS AT WHICH THE MATTER IS CONSIDERED; 2. THE MATERIAL FACTS AS TO SUCH RELATIONSHIP OR INTEREST, AND AS TO THE CONTRACT OR TRANSACTION, ARE DISCLOSED OR ARE KNOWN TO THE BOARD AND THE BOARD IN GOOD FAITH AUTHORIZES THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED TRUSTEES, EVEN THOUGH THE DISINTERESTED TRUSTEES ARE LESS THAN A QUORUM; OR 3. THE CONTRACT OR TRANSACTION IS FAIR AS TO THE COLLEGE AS OF THE TIME IT IS AUTHORIZED, APPROVED OR RATIFIED BY THE BOARD. <p>COMMON OR INTERESTED TRUSTEES MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETING OF THE BOARD OF TRUSTEES WHICH AUTHORIZES A CONTRACT OR TRANSACTION WHEN IT IS CONCLUDED THAT A CONFLICT ACTUALLY OR POTENTIALLY EXISTS, AND THE ABOVE PROCESS TO ADDRESS THE CONFLICT HAS NOT BEEN FOLLOWED, ACTION MAY INCLUDE SUSPENSION IN WHOLE OR IN PART OF THE INDIVIDUAL'S DUTIES WITH THE COLLEGE FOR SUCH PERIOD OF TIME AND/OR AS TO SUCH MATTERS AS MAY BE DEEMED APPROPRIATE BY THE BOARD OF TRUSTEES, OR REQUESTING THE RESIGNATION OF THE INDIVIDUAL FROM THE BOARD OR FROM THE OFFICE OR EXCLUDING THE INDIVIDUAL WITH THE CONFLICT FROM ALL MEETINGS, DISCUSSIONS, DELIBERATIONS, ACTIONS OR VOTES RELATED TO THE SUBJECT OF THE CONFLICT.</p>

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 AVP 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 AVP FOR HUMAN RESOURCE SERVICES TO CARRY OUT THE CHANGES FOR THE UPCOMING FISCAL YEAR (IF ANY). THE AVP 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.

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

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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DICKINSON COLLEGE EMPLOYEE VEBA TRUST PO BOX 1773 CARLISLE, PA 170132896 04-3838462	VEBA TRUST	MO	501(C)(9)		DICKINSON COLLEGE		No
(2) DICKINSON COLLEGE EMPLOYER VEBA TRUST PO BOX 1773 CARLISLE, PA 170132896 04-3838439	VEBA TRUST	MO	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (8)	ANNUITY	PA	N/A	T					No
(2) POOLED INCOME FUND (2)	ANNUITY	PA	N/A	T					No
(3) BWC TRUST 14334 STILTON CIRCLE SILVER SPRINGS, MD 20905 52-0663103	PERPETUAL TRUST	MD	N/A	T	41,966	1,868,496	100 000 %		No
(4) GLB TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6508108	PERPETUAL TRUST	PA	N/A	T		49,525	100 000 %		No
(5) DWH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 25-6482126	PERPETUAL TRUST	PA	N/A	T	6,831	229,735	50 000 %		No
(6) JWK TRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA 19109 23-6645755	PERPETUAL TRUST	PA	N/A	T	278,116	2,414,634	100 000 %		No
(7) JFH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6480244	PERPETUAL TRUST	PA	N/A	T	55,783	662,785	100 000 %		No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DICKINSON COLLEGE EMPLOYER VEBa TRUST	Q	306,952	FMV

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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