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DLN: 93493124009136

OMB No 1545-0047

Open to Public

Form **990**

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Inspection

A Fo	r the 2	2014 cale	endar year, or tax year beginning	07-01-2014 , and ending 06-30-201	5			
		pplicable	C Name of organization	,		D Employ	er identi	ification number
	Iress ch		DICKINSON COLLEGE			23-13	65954	
┌ _{Na}	ne char	nge	Doing business as					
	ıal retur							
Fin	al			ail is not delivered to street address) Room/su	ite	E Telepho	ne numbe	er
ret	urn/term	mınated	PO BOX 1773			(717)	245-19	4 3
M Am	ended r	return	City or town, state or province, coun CARLISLE, PA 170132896	ntry, and ZIP or foreign postal code				77 000 204
Г Арі	lication	pending	CARLISE, FA 170132090			G Gross re	eceipts \$ 1	.77,000,294
			F Name and address of prin	cıpal officer	H(a) Is	this a group	return fo	
			NANCY A ROSEMAN PO BOX 1773		sul	bordinates?		┌ Yes 🗸 No
			CARLISLE, PA 170132896		Н(b) д г	e all subordır	nates	┌ Yes ┌ No
						luded?		
I Ta	x-exem	npt status	✓ 501(c)(3) 501(c)() ◄ (⊩	nsert no) 4947(a)(1) or 527	If'	'No," attach	a lıst (s	ee instructions)
J W	ebsite	•: ► WW	W DICKINSON EDU		H(c) Gr	oup exempti	on numb	oer ►
K For	n of org	ganization	Corporation Trust Association	Other 🕨	L Year of	formation 178	33 M St	tate of legal domicile PA
Pa	rt I	Sumi	mary					
œ.	E E C	DICKINS ARTS CO EDUCAT DICKINS LIBERAL	LLEGE KNOWN FOR ITS INNO ION IN THE ARTS AND SCIEN SON HAS DEVELOPED AN EFFE ARTS PLUS AREAS OF SPECI	773, IS A HIGHLY SELECTIVE, PRIV VATIVE CURRICULUM ITS MISSIO ICES THAT WILL PREPARE THEM FO ECTIVE EDUCATIONAL PROGRAM E AL EMPHASIS SUCH AS GLOBAL PE	N IS TO O R LIVES AS BUILT UPO RSPECTIV	FFER STUDE S ENGAGED N CORE SKI E, CONNEC	ENTS A CITIZE LLS INT TIVITY	USEFUL INS AND LEADERS FEGRAL TO THE
Governance				BILITY, ACTIVE LEARNING AND DIV OLLEGE'S PROGRAM SERVICE ACCO			R TO PA	RT III, LINE 4 FOR
	-							
2 6 67	2 (Check th	is box দ if the organization dis	scontinued its operations or disposed o	of more than	n 25% of its	net asse	ets
Щe	3 ,	Numbere	of voting mombors of the govern	ng body (Part VI, line 1a)		ı	з	36
Activities &			-	of the governing body (Part VI, line 1b)			4	35
q.			nber of individuals employed in c		5	2,947		
				ecessary)			6	2,527
	7 a⊺	Total unr	elated business revenue from Pa	art VIII, column (C), line 12			7a	-256,182
	b≀	Net unrel	ated business taxable income fr	om Form 990-T, line 34			7b	-452,160
					Р	rior Year		Current Year
_	8	Contrib	outland and grants (Bart VIII Jur	ne 1 h)		10 461 6	\sim \sim \sim	0.740 501
au						10,461,6	_	9,748,581
enne	9	Progra	m service revenue (Part VIII, lir	ne 2g)		141,416,2	01	143,308,027
Rayenue	9 10	Progra Invest	m service revenue (Part VIII, lir ment income (Part VIII, column	ne 2g)		141,416,2 14,136,6	01	143,308,027 24,325,801
Revenue	9 10 11	Program Invest Other n	m service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A),	ne 2g)		141,416,2	01	143,308,027
Revenue	9 10	Program Invest Other n Total re	m service revenue (Part VIII, lir ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)	e	141,416,2 14,136,6	01 88 45	143,308,027 24,325,801
Revenue	9 10 11	Program Investi Other r Total r 12) . Grants	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)		141,416,2 14,136,6 2,437,3	01 88 45 39	143,308,027 24,325,801 3,110,182
Revenue	9 10 11 12 13 14	Program Investi Other i Total re 12) . Grants Benefit	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)		141,416,2 14,136,6 2,437,3 168,451,8	01 88 45	143,308,027 24,325,801 3,110,182 180,492,591
	9 10 11 12	Program Investi Other i Total re 12) . Grants Benefit Salarie	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)		141,416,2 14,136,6 2,437,3 168,451,8	01 88 45 39	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137
	9 10 11 12 13 14	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10)	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part II is, other compensation, employed)	ne 2g)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3	01 88 45 39 51 0	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137
	9 10 11 12 13 14 15	Program Investment Other manual results Total results Grants Benefit Salarie 5-10) Profess	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3	01 88 45 39 51 0	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program Investi Other i Total re 12) . Grants Benefit Salarie 5-10) Profess Total fur	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5	01 88 45 39 51 0	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353
	9 10 11 12 13 14 15 16a b	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other in	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7	01 88 45 39 51 0 68	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353
	9 10 11 12 13 14 15 16a b	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other in	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5	01 88 45 39 51 0 68 12	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353
Expenses	9 10 11 12 13 14 15 16a b	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other in	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Curren	01 88 45 39 51 0 68 12	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other in Total e	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)		141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Currer Year	01 88 45 39 51 0 68 12 27 58 81	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fun Other in Revenu	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part II, so, other compensation, employe sional fundraising fees (Part IX, odraising expenses (Part IX, column (D) expenses (Part IX, column (A), I xpenses Add lines 13–17 (musue less expenses Subtract line is ssets (Part X, line 16)	(A), lines 3, 4, and 7d)	Beginn	141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Currer Year 659,196,4	01 88 45 39 51 0 68 12 27 58 81 nt	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063 End of Year 667,149,770
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investi Other in Total ri 12) . Grants Benefit Salarie 5-10) Profess Total fur Other in Total e Revenu	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)	Beginn	141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Currer Year 659,196,4 156,857,1	01 88 45 39 51 0 68 12 27 58 81 11	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063 End of Year 667,149,770 148,797,053
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A hot Assets of and Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investo Other of Total re 12) . Grants Benefit Salarie 5-10) Profess Total fur Other of Total e Revenu Total a Total li Net as: Signa	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	ne 2g)	Beginn .	141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Currer Year 659,196,4 156,857,1 502,339,3 ules and stat	01 88 45 39 68 12 12 13 15 15 15 15 15 15 15	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063 End of Year 667,149,770 148,797,053 518,352,717
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Signature State St	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r pena nowled arer ha	Program Investing Other in Total rivers Benefit Salarie 5-10) Profess Total fur Other in Total a Total li Net as: Signal Signal BRON Type	m service revenue (Part VIII, line ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part II, so, other compensation, employe sional fundraising fees (Part IX, odraising expenses (Part IX, column (D) expenses (Part IX, column (A), lixpenses Add lines 13–17 (musue less expenses Subtract line is sets or fund balances Subtract line is sets or fund balances Subtract line is ature Block regury, I declare that I have exampled the first is true, correct, and comowledge	(A), lines 3, 4, and 7d)	ying schednan officer)	141,416,2 14,136,6 2,437,3 168,451,8 40,682,3 71,523,5 156,7 52,029,0 164,391,6 4,060,1 ing of Currer Year 659,196,4 156,857,1 502,339,3 ules and status based on a	01 88 45 39 68 12 12 13 15 15 15 15 15 15 15	143,308,027 24,325,801 3,110,182 180,492,591 41,436,137 0 70,541,228 12,353 54,385,810 166,375,528 14,117,063 End of Year 667,149,770 148,797,053 518,352,717 , and to the best of nation of which
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Par	Statement of Prog Check if Schedule O co	ram Service Accomp ntains a response or note t			√
1	Briefly describe the organizati	<u>.</u>	,		· · ·
	REPARE YOUNG PEOPLE, BY ITIZENSHIP AND LEADERSHI			AL ARTS AND SCIENCES, FO	R ENGAGED LIVES
2	Did the organization undertake the prior Form 990 or 990-EZ			hich were not listed on	┌ Yes ┌ No
_	If "Yes," describe these news				
3	Did the organization cease cor services?			ucts, any program	┌ Yes ┌ No
	If "Yes," describe these chang				
4		ınd 501(c)(4) organızatıon	is are required to report th	e largest program services, as n ne amount of grants and allocati	
4a	(Code) (Ex	penses \$ 121,251,070	ıncludıng grants of \$	41,436,137) (Revenue \$	113,032,369)
	OF FAMILIES' ECONOMIC MEANS AL APPLICATION DEADLINES, WERE OF \$42,671,110 WAS PROVIDED FROM REMAINING FUNDS CONTINUED ON MEMBERS HOLD A DOCTORATE OR OPROFESSORS 32%, AND INSTRUCTO AUXILIARY PROGRAMS, THE COLLEGE (303 FT, 59 PT) DICKINSON RECEIVAPPLICATIONS THE OFFICE OF ADMICOLLEGE'S ONGOING COMMITMENT INTERNATIONAL STUDENTS) 2,364 RECENT DATA AVAILABLE INDICATES GRADUATE OR PROFESSIONAL PROCURRENTLY ENROLLED OR HAVE CODEGREE ORIENTATIONS WITHIN THIS SAME IN EITHER CASE, ONLY STUDING BACHELOR OF SCIENCE DEGREE COTHE FALL SEMESTER BEGINS IN LATE WHICH TO PREPARE FOR THE FINAL END OF JANUARY AND RUNS THROUBETWEEN THE FULL BREADTH OF LISTUDENT IS REQUIRED TO TAKE A INTERVIEW OF SCIENCE OF SCIENCE OF SCIENCE AS AND US DIVERSITY COURSES ADDICATED TO COMPLETE A SEAND US DIVERSITY COURSES ADDICATED TO TAKE A INTERVIEW OF STAND OF STAND OF SECULTY TEAD OF SCELLENCE IN TEACHING, INCLUDIC EXPLORATION OF NEW FIELDS OF SCURRENT CONCERNS FOR MORE TO	L ADMITTED STUDENTS FROM T FERED AID IN 2014-15, DICKIN THE COLLEGE'S FUNDS STATE A ISCHEDULE OIN FALL 2014, THE DITHER TERMINAL DEGREE OF TORS 6% THE STUDENT-TO-FACION OF THE STUDENT-TO-FACION OF THE STUDENT-TO-FACION OF THE STUDENT-TO-FACION OF THE STOPE OF TOO OF THE STUDENT-TO-FACION OF THE STUDENTS WERE ENROLLED FOR THE STUDENTS WERE ENROLLED FOR THE STUDENTS WERE ENROLLED FOR THE STATE OF THE STATE	THE MOST RECENT ENTERING CO ISON STUDENTS RECEIVED AN INTERIOR STORM STO	I IN THE LIBERAL ARTS AND SCIENCES LASS, WHO DEMONSTRATED FINANCIAL ESTIMATED \$59,156,775 IN FINANCIAL PARENT LOANS AND OTHER OUTSIDE \$5-TIME EQUIVALENT FACULTY 94% OF \$6 COMPRISED 23%, ASSOCIATE PROFES 10 1 TO SUPPORT ITS ACADEMIC, \$9 CONSECUTIVE YEAR THAT THE COLLEGE AND FIRST-YEAR ENROLLMENT FIGURED TO DIVERSITY (29% FIRST-YEAR STUDE TO DIVERSITY OF COLLEGE REALL-COLLEGE REALL-COLLEGE REALL-COLLEGE REALL-COLLEGE REALL-COLLEGE REQUIREMENTS, AND DO A MAJOR DIVERSITY OF APPROACH TO KNOWLEDGE OF REQUIREMENTS, AND DO A MAJOR DIVERSITY AND ONE "QUANTITATIVE REASON ELECTIVE NATIONAL LIBERAL ARTS COLLEGE TO DECOURSE LOAD HAS ENABLED THE COLLEGE OF THE FACULTY IN THE COLLEGE OF THE FACULTY IN THE COLLEGE OF THE FACULTY TO THE CONTINUE THE COLLEGE OF THE TOOR TO	AL NEED AND WHO MET . AID, OF WHICH SOURCES PROVIDED THE FULL-TIME FACULTY SSORS 39%, ASSISTANT STUDENT LIFE AND UPPORT STAFF PERSONNEI E HAS SURPASSED 5,000 RES REFLECT THE NTS OF COLOR AND BROAD) THE MOST HE AND/OR ARE IN TIME AND/OR ARE IN TIME AND/OR ARE HER OF TWO BROAD QUIREMENTS ARE THE NDIDATE FOR THE ' FINAL EXAMINATIONS THE END OF CLASSES IN MESTER BEGINS NEAR THE TER SEEKING A BALANCE E, EACH DICKINSON CONCENTRATION ENCES STUDENTS ARE ONS ("NON-WESTERN"), DNING" LLEGES WHERE DLLEGES WHERE DLLEGES WHERE BY MEETING PROFESSORS 'S COLLEGIAL GOVERNANCE
4b	, , ,		LEGE INCLUDE HOUSING AND D) (Revenue \$ DINING SERVICES (FOR 2,127 ON-CAM	33,596,978) PUS STUDENTS), CAMPUS
	(Code) (Ex	penses \$	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Des (Expenses \$	cribe in Schedule O) including grants o	of\$) (Revenue \$)
4e	Total program service expens	es ► 147,729,574	1		

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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
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
е	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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\footnote{50}$	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? If "Yes," complete Schedule N, Part I	31		Νo
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,215	. !		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	ļ !		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
а	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	טפ		
_	2. 1. Co, co mic ou or object die organization me ronn oboo-1.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
}	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14b		14 (

Section A. Governing Body and Management

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

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 more members of the governing body?	werto (7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by) r	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following					
а	The governing body?			8a	Yes	
ь	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not			eveni	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizati			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of rethe form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this I	Form 9	90			
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 annual rise to conflicts?			12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with 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 revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization			15b	Yes	
	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 taxable entity during the year?	orsım	ılar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ection C. Disclosure					
17						
	List the States with which a copy of this Form 990 is required to be filed►AK, CO,	MA,N	MD, MI, NH, PA, WA			

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ▶BRONTE D JONES VP FINANCE AND ADMINISTRATION

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	╸			
С	Total from continuation sheets to Part VII, Section A	۲			
d	Total (add lines 1b and 1c)	┺┖	4,987,480	0	522,790

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►72

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WAGMAN CONSTRUCTION INC 231 NORTH GEORGE STREET YORK, PA 174011107	CONSTRUCTION	4,559,383
ALEXANDER BUILDING CONSTRUCTION CO 315 VAUGHN STREET HARRISBURG, PA 17110	CONSTRUCTION	1,168,146
ECI CONSTRUCTION LLC 124 WEST CHURCH STREET DILLSBURG, PA 17019	CONSTRUCTION	474,308
MCNEES WALLACE & NURICK 100 PINE STREET SUITE 550 HARRISBURG, PA 17101	LEGAL SERVICES	284,382
M ARTHUR GENSLER JR & ASSOCIATES INC 4541 COLLECTIONS CENTER DRIVE CHICAGO, IL 606930001	ARCHITECTURAL SERVICES	199,275
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 17

Form 99								Page 9
Part V	****	Statement of Check of Schedu	of Revenue ule O contains a respon	se or note to any lir	ne 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
रु इ	1a	Federated cam	paigns 1a	51,649				
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ues 1 b					
y. Am	С	Fundraising ev	ents 1c					
Siffs Par	d	Related organiz	zations 1d					
imi	е	Government grant	ts (contributions) 1e	1,151,059				
ution her Si	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	8,545,873				
ontrib nd Otl	g h	Noncash contributi 1a-1f \$ Total. Add line:	ons included in lines	1,436,136	9,748,581			
<u>ਹ #</u>		Total. Add lines	5 1a-11	•	3,740,301			
ē E	2a	TUITION AND FEES	c	Business Code	100 200 222	100 200 222		
ever	b Za	ROOM AND BOARD		900099 721310	109,388,323 25,899,404	109,388,323 25,899,404		
or GE	C	OTHER AUXILIARY		721310	7,938,289	7,697,574	195,671	45,044
7. 2.	d	PROGRAM-RELATE		523000	82,011	82,011	175,071	73,077
Ž,	e				5-,	52,522		
gran	f	All other progra	am service revenue					
Š	g	Total Add lines	s 2a-2f		143,308,027			
	3		come (including dividence					
	_	and other simil	aramounts)	•	1,037,678 579			1,037,678 579
	4 5		stment of tax-exempt bond p	proceeds	379			579
	3	Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteal	(ii) i cisonai				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	19,581,244	214,003				
	ь	than inventory Less cost or	2 722 000	224 504				
		other basis and sales expenses	-3,723,888	231,591				
	C	Gain or (loss)	23,305,132	-17,588	22 207 544			22 207 544
e	d 8a	Net gain or (los Gross income f events (not inc			23,287,544			23,287,544
Other Revenue		\$ of contributions See Part IV, lir	s reported on line 1c)					
a	ь	Less direct ex	penses b					
δ	С		loss) from fundraising e	vents 🛌				
	9a		from gaming activities ne 19 a					
	ь	less directex	penses b					
			(loss) from gaming activ	rities				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	less costofa	oods sold b					
		-	(loss) from sales of inve	ntory				
		Miscellaneou		Business Code				
	11a	OTHER REVEN	NUES	900009	3,110,182	3,562,035	-451,853	
	ь							
	С							
	d		ue					
	e	Total. Add lines	s 11a-11d	▶ [3,110,182			
	12	Total revenue.	See Instructions	▶	180.492.591	146,629,347	-256.182	24.370.845

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 $^{\circ}$	Section	501(c)(3	3) and 501(c)(4)	organizations must complete all	columns All other or	ganizations must com	plete column (A)
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	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	115,750	115,750		
2	Grants and other assistance to domestic individuals See Part IV, line 22	38,165,858	38,165,858		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	3,154,529	3,154,529		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,377,988	139,979	1,974,750	263,259
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	52,226,011	45,308,527	4,759,028	2,158,456
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	3,105,467	2,670,750	303,065	131,652
9	Other employee benefits	9,051,905	7,680,050	942,465	429,390
10	Payroll taxes	3,779,857	3,195,823	411,728	172,306
11	Fees for services (non-employees)				
а	Management				
b	Legal	409,378		409,378	
c	Accounting	171,790		171,790	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	12,353			12,353
f	Investment management fees	1,830,016		1,830,016	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,167,527	1,609,060	308,775	249,692
12	Advertising and promotion	96,821	94,573	2,011	237
13	Office expenses	4,397,015	3,729,718	332,322	334,975
14	Information technology	2,928,077	1,653,572	1,226,902	47,603
15	Royalties	308	308		
16	Occupancy	8,755,009	8,584,867	132,852	37,290
17	Travel	2,257,732	1,798,330	263,673	195,729
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	542,547	435,668	69,617	37,262
20	Interest	5,782,668	5,782,668		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,798,992	10,394,017	293,347	111,628
23	Insurance	1,158,805	1,115,349	31,478	11,978
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOOD AND ENTERTAINMENT	4,821,089	4,454,060	116,194	250,835
b	TUITION EXPENSE	3,441,287	3,441,287		
c	BOOKSTORE	1,007,982	1,007,982		
d	REPAIRS AND MAINTENANCE	840,840	837,874	2,966	
e	All other expenses	2,977,927	2,358,975	446,505	172,447
25	Total functional expenses. Add lines 1 through 24e	166,375,528	147,729,574	14,028,862	4,617,092
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	τx	Check if Schedule O contains a response or note to any line i	n this Part X	(
	_	· · · · · · · · · · · · · · · · · · ·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			237,072	1	540,229
	2	Savings and temporary cash investments			13,831,578	2	15,594,794
	3	Pledges and grants receivable, net			22,966,834	3	20,791,011
	4	Accounts receivable, net			2,789,032	4	4,329,121
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L	Part II of		0	5	0
Assets	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	ng employers			0	
82	7	Notes and loans receivable, net			289,467	7	264,332
ď	8	Inventories for sale or use	453,262	8	480,126		
	9	Prepaid expenses and deferred charges	3,142,064		3,219,411		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	. 347,614,219			5,210,111
	ь	Less accumulated depreciation	10b	154,040,769	199,011,197	10c	193,573,450
	11	Investments—publicly traded securities	21,020,884	11	22,732,915		
	12	Investments—other securities See Part IV, line 11	384,357,228	12	394,534,430		
	13	Investments—program-related See Part IV, line 11	6,952,778	13	6,944,605		
	14	Intangible assets				14	· · · · · ·
	15	Other assets See Part IV, line 11		_	4,145,075		4,145,346
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			659,196,471	16	667,149,770
	17	Accounts payable and accrued expenses			12,005,246	17	7,334,738
	18	Grants payable			, ,	18	<u> </u>
	19	Deferred revenue			4,883,758		4,120,327
	20	Tax-exempt bond liabilities			130,399,139	20	127,497,790
	21	Escrow or custodial account liability Complete Part IV of Sc			2,076,261		2,216,521
Liabilities	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquare	ctors, truste				
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third part	ies			23	
	24	Unsecured notes and loans payable to unrelated third parties	5			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F	nedule	7, 400, 700		7.007.077	
		D			7,492,709		7,627,677
	26	Total liabilities. Add lines 17 through 25			156,857,113	26	148,797,053
μÇ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			313,761,307	27	332,290,392
<u>ದ</u>	27			•	73,910,146		70,135,749
ă	28	Temporarily restricted net assets		•	114,667,905	28	
Ĭ	29	Permanently restricted net assets			114,667,905	29	115,926,576
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	nere 🟲	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
4 5.5	32	Retained earnings, endowment, accumulated income, or othe		-		32	
Net #	33	Total net assets or fund balances		-	502,339,358	33	518,352,717
Ž	34	Total liabilities and net assets/fund balances			659,196,471	34	667,149,770
	12.	. 112. Nasminos ana nocassetojiana salanees i i i i	· · ·	-	555, 155, 771	J-7	Form 900 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		180,4	192,591
2	Total expenses (must equal Part IX, column (A), line 25)	2			375,528
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				117,063
5	Net unrealized gains (losses) on investments	5			339,358 396,296
6	Donated services and use of facilities	6		1,0	390,290
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		518,3	352,717
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: **Software Version:**

EIN: 23-1365954

Name: DICKINSON COLLEGE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not che more than one box, un person is both an office and a director/truste		inless fficer tee)		(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		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 1130)	2,1033 11130)	related organizations
(1) JENNIFER WARD REYNOLDS	10 00	х		х				0	0	0
TRUSTEE/CHAIR (1) THOMAS L KALARIS	6 00									
TRUSTEE/VICE CHAIR		х		х				0	0	0
(2) NEAL B ABRAHAM TRUSTEE	2 00	х						0	0	0
(3) WYNNE STUART AMICK	2 00	V						0	0	0
TRUSTEE		X						0	0	0
(4) PETER J ANDERSON	2 00	X						0	0	0
TRUSTEE (5) JENNIFER L BLANCK	2 00									
TRUSTEE		X						0	0	0
(6) MICHAEL A BLOOM	4 00	х						0	0	0
TRUSTEE/COMMITTEE CHAIR								Ů		
(7) MARK S BURGESS TRUSTEE	2 00	х						0	0	0
(8) MARGOT CARDAMONE	2 00							_		
TRUSTEE		Х						0	0	0
(9) JAMES D CHAMBERS	2 00	Х						0	0	0
TRUSTEE (10) ANDREW L CHESLEY	2 00									
TRUSTEE		х						0	0	0
(11) RICHARD A CHESLEY	2 00	X						0	0	0
TRUSTEE		_ ^						0	0	0
(12) ERIC DENKER	2 00	X						0	0	0
TRUSTEE (13) STEVEN GALLEN EDERSHEIM	2 00									
TRUSTEE		Х						0	0	0
(14) RUTH L FERGUSON	4 00								0	0
TRUSTEE/COMMITTEE CHAIR		×						0	0	0
(15) SHERWOOD D GOLDBERG	2 00	х						0	0	0
TRUSTEE (16) GEORGE V HAGER JR	2 00									
TRUSTEE		X						0	0	0
(17) CAROL CAMPBELL HAISLIP	4 00	х						0	0	0
TRUSTEE/COMMITTEE CHAIR (18) FRANK E JAMES	4 00									
TRUSTEE/COMMITTEE CHAIR		х						0	0	0
(19) JULIE I JOHNSON	2 00	,,								
TRUSTEE		Х						0	0	0
(20) JOHN E JONES	2 00	x						0	0	0
TRUSTEE (21) MARK I LEHMAN	4 00									
TRUSTEE/COMMITTEE CHAIR		х						0	0	0
(22) MARGARET STEWART LINDSAY	4 00	x						0	0	0
TRUSTEE/COMMITTEE CHAIR	2.00							ı .	0	<u> </u>
(23) WILLIAM L MUELLER	2 00	x						0	0	О
TRUSTEE (24) AMY L NAUIOKAS	4 00									
TRUSTEE/COMMITTEE CHAIR		Х						0	0	0

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

Compensated Employees, and Inde						, .	,	p.o,cco,g.		
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other				
	week (list any hours	perso and a						from the organization (W-	from related organizations (W-	compensation from the
	for related						П	2/1099-MISC)	2/1099-MISC)	organization and
	organizations below	[골충	<u> </u>	Office	9	문흥	Former			related organizations
	dotted line)	좋음	Institutional	<u> </u>	mρ	IS 뜻	₫.			organizations
		²	<u> ja</u>		Ke) emplojee	lo à				
		Individual trustee or director	₫		ĕ	Highest compensat employee				
		α,	Trustee			l B				
(26) KELLIE L NEWTON	2 00					2				
		×						0	0	0
TRUSTEE (1) DOUGLAS J PAULS	2 00									
TRUSTEE		×						0	0	0
(2) SUSAN WYCKOFF POHL	2 00									
TRUSTEE		×						0	0	0
(3) MICHELE MAHONEY RICHARDSON	4 00	,,								
TRUSTEE/COMMITTEE CHAIR		X						0	0	0
(4) TARUN SAINI	2 00	x						0	0	0
TRUSTEE		_ ^						Ů	Ů	
(5) CAROL JONES SAUNDERS	4 00	l x						0	0	0
TRUSTEE/COMMITTEE CHAIR	1.00									
(6) SYLVIA J SMITH	4 00	×						0	0	0
TRUSTEE/COMMITTEE CHAIR (7) MARJORIE A SPEERS	2 00									
		×						0	0	0
TRUSTEE (8) R DAVID WECHSLER	2 00									
TRUSTEE		×						0	0	0
(9) CRAIG C WEEKS	2 00									
TRUSTEE		X						0	0	0
(10) NANCY A ROSEMAN	40 00	v		V				402.246	0	F4 410
PRESIDENT		Х		Х				492,246	U	54,410
(11) BRONTE D BURLEIGH-JONES	40 00			x				257,975	0	25,998
VP FINANCE & ADMIN AND TREASURER								201,510		
(12) SEAN M WITTE	40 00			х				149,852	0	18,176
AVP FINANCE AND ASST TREASURER (13) KAREN NEELY FARYNIAK	40 00									
	40 00			х				142,649	0	24,030
CHIEF OF STAFF AND SECRETARY (14) BRENDA K BRETZ	40 00									_
SR ASSOCIATE PROVOST AND ASST SECRETARY				Х				115,113	0	24,486
(15) MELISSA J KEEBLER	40 00									
ASST CHIEF OF STAFF AND ASST SECRETARY				X				37,437	0	15,307
(16) ASHLEY M PERZYNA	40 00			х				0	0	0
ASST CHIEF OF STAFF AND ASST SECRETARY								Ů	Ů	0
(17) NEIL B WEISSMAN	40 00				x			580,924	0	33,689
PROVOST AND DEAN								,		,
(18) ROBERT E RENAUD	40 00				х			386,689	0	35,686
VP AND CIO (19) MARSHA M RAY	40 00	-								
					Х			233,527	0	30,109
VP COLLEGE ADVANCEMENT (20) JOYCE A BYLANDER	40 00									
VP STUDENT LIFE					Х			197,630	0	26,909
(21) DANA E SCADUTO	40 00									
GENERAL COUNSEL						X		512,941	0	19,289
(22) BRIAN J WHALEN	40 00					х		102.662	0	21 411
PRES/CEO FORUM ON EDUC ABROAD								192,663	<u> </u>	31,411
(23) SUSAN D ROSE	40 00					х		161,040	0	26,010
PROFESSOR						ļ	<u> </u>	102,0.0		20,010
(24) HAROLD L POHLMAN	40 00					x		160,633	0	20,650
PROFESSOR		<u> </u>						<u> </u>	<u> </u>	<u> </u>

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

FORMER VP ENROLL/COMM AND DEAN ADMISS

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (e nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(51) ROBERT P WINSTON	40 00					х		156,285	0	30,168	
SR ASSOCIATE PROVOST AND ASST SECRETARY (1) WILLIAM G DURDEN	40 00						х	886,943	0	32,001	
FORMER PRESIDENT											
(2) KENNETH E SHULTES FORMER VP CAMPUS OPERATIONS	40 00						х	181,412	0	32,480	
(3) STEPHANIE S BALMER	40 00						х	141,521	0	41,981	

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DLN: 93493124009136

OMB No 1545-0047

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.

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

Open to Public Inspection

		ne organization COLLEGE					Employer identifica	ation number				
DICKI	NSON C	LULLEGE					23-1365954					
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	tions must co	mplete this p		ns				
		zation is not a private f		` 2			•					
1	Ť	A church, convention		•	= '	•	•					
2	Ī	A school described in					, (- , (· , , · , · , · , · , · , · , · , ·					
3	Ĭ-	A hospital or a cooper	=			tion 170(b)(1)	(A)(iii).					
4	Ė	A medical research or		-) Enter the				
•	'	hospital's name, city,		racea iii conjunction v	vicii a nospicai a	iesembed in see		J. Eliter the				
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II)											
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1)(A)(v).					
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
	described in section 170(b)(1)(A)(vi). (Complete Part II)											
8	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	Г	Γ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross										
		receipts from activitie	s related to its	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of				
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less s	section 511 tax) from	n businesses				
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	. (Complete Par	tIII)					
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See section	509(a)(4).					
11	Γ	An organization organ	•	•			•					
		one or more publicly s										
а	\vdash	the box in lines 11a th Type I. A supporting of	-			-		· -				
u	'	supported organizatio										
		organization You mus				•		3				
b	Γ	Type II. A supporting	-	•			=					
		management of the su			same persons t	hat control or m	anage the supported	organization(s) You				
_	\vdash	must complete Part I Type III functionally	•		n operated in c	onnection with	and functionally inter	grated with its				
	•	supported organizatio	_		•	•		gracea with, its				
d	Γ	Type III non-function						anızatıon(s) that ıs				
		not functionally integr					ment and an attentiv	eness requirement				
_	_	(see instructions) Yo Check this box if the o					a Type I Type II T	vna III functionally				
е	,	integrated, or Type II					a Type I, Type II, T	ype III lunctionally				
f		Enter the number of s										
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of				
		organızatıon		organızatıon	listed in your		monetary support	other support (see				
				(described on lines	docume	ent?	(see instructions)	ınstructions)				
				1-9 above or IRC section (see								
		instructions))										
				<u> </u>	Yes	No						
Tota]											

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 11,629,121 13,134,752 16,140,110 10,461,605 9,748,581 61,114,169 not include any "unusual grants ") 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 11,629,121 13,134,752 16,140,110 10,461,605 9,748,581 61,114,169 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,795,194 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 56,318,975 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (e) 2014 (a) 2010 (c) 2012 (d) 2013 (f) Total beginning in) 🟲 9,748,581 11,629,121 13,134,752 16,140,110 Amounts from line 4 10,461,605 61,114,169 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,972,793 2,944,637 1,626,234 1,468,635 1,083,301 10,095,600 and income from similar sources Net income from unrelated business activities, whether or 45,876 308,778 354,654 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 2,640,643 1,960,602 2,157,676 2,124,603 3,110,182 11,993,706 capital assets (Explain in Part VI) 11 Total support Add lines 7 83,558,129 through 10 12 Gross receipts from related activities, etc (see instructions) 12 688,412,806 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 67 400 % Public support percentage for 2013 Schedule A, Part II, line 14 15 65 730 % 16a 33 1/3% support test-2014. 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—2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493124009136

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

- 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization **Employer identification number** DICKINSON COLLEGE Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 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, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	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))					

Grassroots lobbying expenditures

Pa	Tt II-B Complete if the organization is exempt under section 501(c)(3) and h filed Form 5768 (election under section 501(h)).	as NOT		'	rage.		
	(a) (b)						
ror e activ	each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	Amou	ınt		
1 a	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 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?		Νo				
е	Publications, or published or broadcast statements?		Νo				
f	Grants to other organizations for lobbying purposes?		Νo				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo				
i	O ther activities?	Yes					
j	Total Add lines 1c through 1i				(
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							
Par	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)(5), c	r secti	on		
	501(c)(6).			Yes	. Na		
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	No No		
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			
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), c	r secti	on		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere 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).	· 📄					
а	Current year	2a					
b	Carryover from last year	2b					
C		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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	ess 4					
5	Taxable amount of lobbying and political expenditures (see instructions)	5					
	art IV Supplemental Information						
Pro	rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	group list),	Part II	-A, lines	1 and		
,	Return Reference Explanation						
PAR	THE COLLEGE DOES NOT DIRECTLY ENGAGE IN LOBBYING ACOUNT OF THE DUES PAID TO PROFESSIONAL ORGANIZATIONS MAY BEHALF OF MEMBER INSTITUTIONS			•			

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493124009136

OMB No 1545-0047

SCHEDULE D (Form 990)

► 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.

Open to Public

Department of the Treasury

Supplemental Financial Statements

mal Revenue Service	Information about Schedule D (Form	1 990) and its instructions is at <u>www.i<i>r</i>s</u>	<u>s.gov/form990</u> .	Inspection
Name of the organ	nization		Employer identific	cation number
DICKINSON COLLEGE			23-1365954	
Part I Orgai	nizations Maintaining Donor Adv	vised Funds or Other Similar Fu		ts. Complete if th
	ızatıon answered "Yes" to Form 990	, Part IV, line 6.		•
Total number		(a) Donor advised funds	(b) Funds and	d other accounts
Total number	,			
	ue of contributions to (during year)			
55 5	ue of grants from (during year)			
	ue at end of year			
funds are the	ization inform all donors and donor advisor organization's property, subject to the or	ganization's exclusive legal control?		┌ Yes ┌ No
used only for conferring imp	ization inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit?	it of the donor or donor advisor, or for ar	ny other purpose	┌ Yes ┌ No
	ervation Easements. Complete if		<u>o Form 990, Part .</u>	iv, line 7.
Preservat Protection	conservation easements held by the org ion of land for public use (e g , recreation i of natural habitat ion of open space	or education) Γ Preservation of an	ı hıstorıcally ımporta certified historic stru	
Complete line	es 2a through 2d if the organization held a the last day of the tax year	qualified conservation contribution in t	he form of a conserv	ation
				e End of the Year
	of conservation easements	•	2a	
_	restricted by conservation easements		2b	
	nservation easements on a certified histo	` '	2c	
	nservation easements included in (c) acq ture listed in the National Register	Jurred after 8/1//06, and not on a	2d	
	nservation easements modified, transferr	• ed, released, extinguished, or terminate	ed by the organizatio	n during
the tax year 🕨				
Number of sta	ites where property subject to conservati	ion easement is located ►	_	
_	inization have a written policy regarding t of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, ar	nd Yes No
Staff and volu	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the yea	r
A mount of exp	penses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year	
	nservation easement reported on line 2(o70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)	┌ Yes ┌ No
balance sheet	describe how the organization reports cor t, and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		
	nizations Maintaining Collection lete		or Other Similar	r Assets.
works of art, h	ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furthe	
works of art, h	ation elected, as permitted under SFAS 1 nistorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,		
(i) Revenue II	ncluded in Form 990, Part VIII, line 1		► \$	0
	cluded in Form 990, Part X			2,517,853
If the organiza	ation received or held works of art, histor unts required to be reported under SFAS		or financial gain, prov	
_	ided in Form 990. Part VIII. line 1	· -	► \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	Histo	orical T	reası	ures, or Oth	ner Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, che	_		_	-	of its
а	Public exhibition		d	Loan	orexo	:hange prograr	ns	
b	Scholarly research		e	┌ Othe	r			
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIII	ollections and explain	n how	they furth	er the	organızatıon's	exempt purpose	ın
5	During the year, did the organization solicit						ımılar	F., F.,
Doo	assets to be sold to raise funds rather than t IV						"Vac" to Form (Yes V No
FGI	Part IV, line 9, or reported an air					ii aliswereu	res to rolling	99 0,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					or other asset	s not	┌ Yes
b	If "Yes," explain the arrangement in Part XI	II and complete the f	followu	ng table				
							Ar	mount
C	Beginning balance					1		
d	Additions during the year					10	-	
e	Distributions during the year					10		
f	Ending balance					1		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, fo	rescrow	orcust	todial account	liability?	✓ Yes
_ь	If "Yes," explain the arrangement in Part XI					-		F
Pa	rt V Endowment Funds. Complete	<u>if the organization</u> (a)Current year					art IV, line 10. d)Three years back	(e)Four years back
1a	Beginning of year balance	430,826,413		883,627,404		351,506,362	356,901,810	309,076,283
b	Contributions	1,251,809		2,483,050		2,256,457	2,952,166	5,444,565
c	Net investment earnings, gains, and losses	26 224 746		64 660 300		46 420 627	E 540 206	54 522 620
d	Grants or scholarships	26,221,746 6,695,518		61,660,389 6,011,792		46,128,627 5,472,787	5,549,396 3,829,995	54,532,629 3,806,162
e	Other expenditures for facilities	3,030,020		0,011,01		9,112,131	5,025,550	
	and programs	8,102,093		7,592,347		7,052,759	6,341,405	6,282,033
f	Administrative expenses	3,968,653		3,340,291		3,738,496	3,725,610	2,063,472
g	End of year balance	439,533,704	4	30,826,413		383,627,404	351,506,362	356,901,810
2	Provide the estimated percentage of the cur	·	e (lıne	1g, colum	nn (a))	held as		
а	Board designated or quasi-endowment 🕨	58 490 %						
b	Permanent endowment ► 15 130 %							
С	remporarily reserved endowment r	380 %						
	The percentages in lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	tion th	at are hel	d and a	admınıstered f	or the	Yes No
	(i) unrelated organizations				•		3a	
	(ii) related organizations						За	(ii) Yes
b	If "Yes" to 3a(II), are the related organization	•			•		3	b Yes
4	Describe in Part XIII the intended uses of t					1.57		
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ne org	ganizatio	n ans	wered 'Yes'	to Form 990, Pa	art IV, line
	Description of property			(a) Cost or pasis (invest		(b)Cost or othe basis (other)	r (c) Accumulated depreciation	(d) Book value
	Land		\dashv	6,37	4,124	11,378,04	1	17,752,165
	Buildings		.	2,31	,	274,173,57		
	Leasehold improvements		.			4,682,10	+	
d	Equipment		.			22,306,07	18,944,40	4 3,361,667
						28,700,30	17,490,86	6 11,209,434
Tota	I. Add lines 1a through 1e <i>(Column (d) must o</i>	equal Form 990, Part X,	, colum	nn (B), line	10(c).)		193,573,450
							Schedule I	O (Form 990) 2014

See Form 990, Part X, line 12.	mpiete if the organization a	inswered Yes to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) HEDGE FUNDS	251,975,212	F
(B) PRIVATE EQUITY FUNDS	97,894,585	F
(C) REAL ASSET FUNDS	411,471	F
(C) KLAL ASSLI FUNDS	411,471	Г
(D) FUNDS HELD IN TRUSTS BY OTHERS	44,202,844	F
(E) OTHER	50,318	F
Takel (Column (h) must equal form 000 Part V sel (D) Inc 12.)	▶ 394,534,430	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. C		answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of end of year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. Complete if the organization	on answered 'Yes' to Form 990,	Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2	15)	
		▶ Form 990, Part IV, line 11e or 11f. See
Form 990, Part X, line 25.		, ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
POSTRETIREMENT BENEFITS	12,075	
ANNUITIES PAYABLE US GOVERNMENT ADVANCES REFUNDABLE	3,071,264	
OBLIGATIONS UNDER CAPITAL LEASES	2,443,081 2,101,257	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,627,677	

Pari	Peconciliation of P	evenue per Audited Financial Statements With Revenue p	er G	Page 4
T-CIT		vered 'Yes' to Form 990, Part IV, line 12a.	, CI I	
1	Total revenue, gains, and othe	r support per audited financial statements	1	139,371,879
2		it not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses)			
b		acılıtıes		
c d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d .		2e	-39,290,696
3	Subtract line 2e from line 1 .		3	178,662,575
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		, ,
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a 1,830,016		
b	Other (Describe in Part XIII)	4b		
C			4 c	1,830,016
5		d 4c. (This must equal Form 990, Part I, line 12)	5	180,492,591
Part		xpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1		r audited financial statements	1	123,358,520
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	acılıtıes		
b	•	<u>2b</u>		
с	Other losses			
d				
е 3	<u>-</u>		2e 3	123,358,520
4		0, Part IX, line 25, but not on line 1 :	-	123,338,320
a		uded on Form 990, Part VIII, line 7b 4a 1,830,016		
b	•		-	
c			4c	43,017,008
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 18)	5	166,375,528
Part	Supplemental Inf	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
PART	III, LINE 4	THE EMIL R WEISS CENTER FOR THE ARTS HOUSES THE TROUT GA		
		FOR A VARIETY OF EXHIBITIONS, LECTURES, AND DEMONSTRATION COLLEGE'S FINE ARTS COLLECTION THE TROUT GALLERY SERVES		
		DISPLAY OF ART EXHIBITS AND IS LOCATED IN SUCH AN AREA OF	THE	CAMPUS SO AS TO
PΔRT	IV, LINE 2B	STIMULATE GENERAL STUDENT INTEREST AND BE A SERVICE TO THE FUNDS HELD IN CUSTODY FOR OTHERS INCLUDE FUNDS RECEIVED		
1 / (()	17, 11112 25	RECOGNIZED STUDENT ORGANIZATIONS AND OTHER ORGANIZAT	IONS	SSPECIFICALLY
		APPROVED BY THE VICE PRESIDENT FOR FINANCE AND ADMINIST ASSETS ARE REPORTED ON FORM 990, PART X AND ARE ACCOUNT		
		CONSISTENT WITH THE COLLEGE'S REPORTING SYSTEM		
PART	V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 880 ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING FINANCI.		
		SALARIES AND BENEFITS, LIBRARY RESOURCES, BUILDING MAINT	ENAN	NCE, STUDENT LOANS
		AND OTHER PROGRAMMATIC SUPPORT NET ASSETS ASSOCIATED FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUST		
		ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EX	KISTE	ENCE OR ABSENCE OF
		DONOR-IMPOSED RESTRICTIONS THE COLLEGE HAS ADOPTED IN SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO		
		PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY	/ ITS	ENDOWMENT WHILE
		SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWN THIS POLICY, AS APPROVED BY THE BOARD OF TRUSTEES, THE EN		
		INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULT		
		ENDOWMENT SPENDING RATE PLUS INFLATION, DEFINED AS THE PLUS 1%, WHILE ASSUMING A MODERATE LEVEL OF INVESTMENT		
		FROM THE ENDOWMENT PROVIDED APPROXIMATELY 11 5% OR \$1 DICKINSON'S OPERATING BUDGET REVENUES, WITH ANOTHER \$3		
		RESTRICTED FUNDS THE ENDOWMENT POOL POSTED RETURNS OF	7 9 °	% FOR THE FISCAL
		YEAR ENDED JUNE 30, 2015 THE ENDOWMENT POOL HAS AVERAG OF 8 4% OVER THE LAST DECADE, PLACING THE COLLEGE IN THE		
		PERFORMANCE FOR HIGHER EDUCATION ENDOWMENTS (ACCORD)		
DART	X, LINE 2	NACUBO-COMMONFUND STUDY OF ENDOWMENTS) THE COLLEGE HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE	CED	VICE AS EVEMBT
FARI	A, LINE Z	FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE U		
		CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELA PURPOSE ACCORDINGLY, THE COLLEGE IS NOT SUBJECT TO INCO		
		THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT AR	RENC	T RELATED TO ITS
		EXEMPT PURPOSE NO PROVISIONS FOR INCOME TAXES HAVE BEE ACCOMPANYING FINANCIAL STATEMENTS FOR THE YEARS ENDED		
		ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED	STA	TESOFAMERICA
		REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE COLLEGE HAS TA		
		POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAIN	IED L	JPON EXAMINATION
		BY THE IRS MANAGEMENT HAS ANALYZED THE TAX POSITIONS TO AND HAS CONCLUDED THAT AS OF JUNE 30, 2015, THERE ARE NO		
		TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOG		
PART	XI, LINE 2D - OTHER	(OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS STUDENT AID OFFSETTING REVENUES IN FINANCIAL STATEMENT:	S -41	.186.992
A D J U S	STMENTS		- 1 A	
	XII, LINE 4B - OTHER STMENTS	STUDENT AID INCLUDED WITH GRANTS ON THE 990 41,186,992		

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493124009136

Employer identification number

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► 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.

Name of the organization DICKINSON COLLEGE

	23-1365954			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3_	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	l
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		Νo
	Educational policies?	5e		Νo
	Use of facilities?	5f		No
_	Athletic programs?	<u>5g</u>		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u> 5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Part II		Vac	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also 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	BEY OND 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 E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493124009136

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

rt IV, line 14b, 15, or 16.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public
Inspection

Name of the organization DICKINSON COLLEGE				Employer ident	ification number
DICKINSON COLLEGE				23-1365954	
	mation on Activitie 90, Part IV, line 14b.		e United States. Co	omplete if the organiz	ation answered
For grantmakers. Doe and other assistance, tused to award the grantmakers.	:he grantees' eligibili	ty for the gran	ts or assistance, and	the selection criteria	√ Yes
2 For grantmakers. Desc assistance outside the		ganızatıon's pr	ocedures for monitorii	ng the use of its grant	s and other
3 Activites per Region (The	e following Part I, line 3	table can be du	iplicated if additional spa	ce 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		J	,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	12			59,005,692
b Total from continuation s to Part I	heets 6	165			8,435,442
c Totals (add lines 3a and 3	2h) 6	177			67 441 134

Schedule F (Form 990) 2014

Pa				izations or Entitie ved more than \$5,0		•	9		to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2				ed above that are ro or counsel has pro					
3	Enter total num	nber of other or	ganizations or ent	ities					

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 Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (a) Type of grant or (b) Region (e) Manner of cash (f) A mount of (g) Description (h) Method of valuation assistance recipients cash grant disbursement non-cash of non-cash (book, FMV, assistance assistance appraisal, other) (1) INSTITUTIONAL CENTRAL AMERICA 7 102,709 NON-CASH CREDIT TO OTHER AND THE STUDENT ACCOUNTS SCHOLARSHIPS FOR STUDENTS STUDYING CARIBBEAN ABROAD (2) INSTITUTIONAL OTHER EAST ASIA AND THE 31 379,911 NON-CASH CREDIT TO SCHOLARSHIPS FOR PACIFIC STUDENT ACCOUNTS STUDENTS STUDYING ABROAD (3) INSTITUTIONAL EUROPE 132 2,112,800 NON-CASH CREDIT TO OTHER SCHOLARSHIPS FOR (INCLUDING STUDENT ACCOUNTS STUDENTS STUDYING ICELAND & ABROAD GREENLAND) (4) INSTITUTIONAL 2 MIDDLE EAST AND 20,000 NON-CASH CREDIT TO OTHER SCHOLARSHIPS FOR NORTH AFRICA STUDENT ACCOUNTS STUDENTS STUDYING ABROAD (5) INSTITUTIONAL RUSSIA & THE 6 130,762 NON-CASH CREDIT TO OTHER SCHOLARSHIPS FOR NEIGHBORING STUDENT ACCOUNTS STUDENTS STUDYING STATES ABROAD (6) INSTITUTIONAL SOUTH AMERICA 22 287,347 NON-CASH CREDIT TO OTHER STUDENT ACCOUNTS SCHOLARSHIPS FOR STUDENTS STUDYING ABROAD (7) INSTITUTIONAL SOUTH ASIA 3 43,460 NON-CASH CREDIT TO OTHER SCHOLARSHIPS FOR STUDENT ACCOUNTS STUDENTS STUDYING ABROAD (8) INSTITUTIONAL SUB-SAHARAN 6 77,540 NON-CASH CREDIT TO OTHER SCHOLARSHIPS FOR AFRICA STUDENT ACCOUNTS STUDENTS STUDYING ABROAD (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)	V	Yes	Г	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; do not file with Form 990)	Γ	Yes	∀	Νo
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)	দ	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	্ব	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	্ব	Yes	Г	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: do not file with Form 990)	Г	Yes	অ	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5**

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		102,709
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		57,004,975
CENTRAL AMERICA AND THE CARIBBEAN	0		RESEARCH AND DEVELOPMENT		4,371

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		9,373				
EAST ASIA AND THE PACIFIC	0	12	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	1,487,841				
EAST ASIA AND THE PACIFIC	0	0	GRANTS AND OTHER ASSISTANCE		379,911				

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		RESEARCH AND DEVELOPMENT		11,640				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	-	ADMISSIONS RECRUITING		4,872				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		14,750				

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)	5	115		GLOBAL STUDY ABROAD PROGRAMS	4,469,665				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS AND OTHER ASSISTANCE		2,112,800				
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		293,022				

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		RESEARCH AND DEVELOPMENT		53,423				
MIDDLE EAST AND NORTH AFRICA	0		ADMISSIONS RECRUITING		1,341				
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	VISITING SCHOLAR	2,000				

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		GRANTS AND OTHER ASSISTANCE		20,000				
MIDDLE EAST AND NORTH AFRICA	0		RESEARCH AND DEVELOPMENT		3,327				
NORTH AMERICA - CANADA AND MEXICO	0		RESEARCH AND DEVELOPMENT		23,233				

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	18	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	233,893				
RUSSIA AND THE NEIGHBORING STATES	0		GRANTS AND OTHER ASSISTANCE		130,762				
RUSSIA AND THE NEIGHBORING STATES	0		RESEARCH AND DEVELOPMENT		1,222				

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)	(d) is a program service, describe specific type of service	(f) Total expenditures for region				
SOUTH AMERICA	0	1	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	407,689				
SOUTH AMERICA	0	=	GRANTS AND OTHER ASSISTANCE		287,347				
SOUTH AMERICA	0		RESEARCH AND DEVELOPMENT		2,940				

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	_	ADMISSIONS RECRUITING		4,561				
SOUTH ASIA	0	0	GRANTS AND OTHER ASSISTANCE		43,460				
SUB-SAHARAN AFRICA	1	31	PROGRAM SERVICES	GLOBAL STUDY ABROAD PROGRAMS	252,467				

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside Tl</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0		GRANTS AND OTHER ASSISTANCE		77,540

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DLN: 93493124009136

OMB No 1545-0047

Schedule I (Form 990)

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service Name of the organization DICKINSON COLLEGE

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

Employer identification number

23-1365954

Part I	General Information on Grants and Assistance	

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOROUGH OF CARLISLE 53 WEST SOUTH STREET CARLISLE,PA 17013	23-6002842	GOVERNMENT	54,200		FMV		PAYMENT IN LIEU OF TAXES AND PROJECT SPONSORSHIP
(2) DOWNTOWN CARLISLE ASSOCIATION 53 WEST SOUTH STREET CARLISLE,PA 17013	23-2224862	501 (C)(3)	50,000		FMV		GENERAL SUPPORT

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 2

Part III Grants and Other Assistance to Domestic Individuals. 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) A mount of cash grant	(d) A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL SCHOLARSHIPS FOR STUDENTS	1446		38,032,463		NON-CASH CREDIT TO STUDENT ACCOUNTS
(2) ACADEMIC AWARDS AND FELLOWSHIPS FOR STUDENTS	88	33,395			
(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 2014-15, 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 THAT THE STUDENT RECEIVES FROM THESE PROGRAMS FOR WHICH THE STUDENT IS ELIGIBLE THE AMOUNT OF FINANCIAL AID THAT THE STUDENT RECEIVES FROM THESE PROGRAMS FOR WHICH THE STUDENT'S COMPUTED NEED THE AMOUNT OF FINANCIAL AID THAT THE STUDENT RECEIVES FROM THESE PROGRAMS DEPENDS ON THE STUDENT'S COMPUTED NEED THE AMOUNT OF TICKINSON 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 GRAN
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

REPORTED ON SCHEDULE FINCLUDE FINANCIAL AID PROVIDED TO STUDENTS STUDYING ABROAD

MAIN CAMPUS IN CARLISLE OR AT OTHER DOMESTIC PROGRAM LOCATIONS FOREIGN GRANTS AND ASSISTANCE TO INDIVIDUALS

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DLN: 93493124009136

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization DICKINSON COLLEGE

Employer identification number

23-1365954

Pai	t I Questions Regarding Compensation	า				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	\vdash	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	<u> </u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec			2	Yes	
			,,		165	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens	at appl				
	▼ Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	tions m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	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 payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, p	aid or a	accured pursuant to a contract that was			
	subject to the initial contract exception described in	n Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$?	e rebutt	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2014

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
	TAKEN 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
	EXTERNAL VENDORS THE FAIR VALUE OF HOUSING AND RELATED SERVICES ARE REPORTED IN TOTAL COMPENSATION IN PART II
	ADDITIONAL PERSONAL SERVICES, SUCH AS PET SITTING, HAVE BEEN INCLUDED IN REPORTABLE COMPENSATION IN PART II
PART I, LINES 4A-B	PART I, LINE 4A - THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT THIS AMOUNT IS INCLUDED IN REPORTABLE
	COMPENSATION ON SCHEDULE J, PART II WILLIAM G DURDEN \$286,550 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 NANCY A ROSEMAN \$10,675 DANA E SCADUTO \$24,345 NEIL B WEISSMAN \$3,563 WILLIAM G DURDEN \$21,917 THE
	FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, THE INDIVIDUALS MAY HAVE
	RECEIVED THE AMOUNTS AS CONTRIBUTIONS TO THE 403(B) AND/OR 457(B) PLANS MAINTAINED BY THE COLLEGE THESE AMOUNTS ARE
	INCLUDED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II AND APPLICABLE AMOUNTS WERE REPORTED AS DEFERRED
	COMPENSATION ON PRIOR YEAR FORM 990'S NANCY A ROSEMAN \$35,417 ROBERT E RENAUD \$175,958 DANA E SCADUTO \$244,625 NEIL
	B WEISSMAN \$262,908 WILLIAM G DURDEN \$573,100

Schedule J (Form 990) 2014

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 and Title			f W-2 and/or 1099-MIS	•	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
		(i) Base mpensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
NANCY A ROSEMAN, PRESIDENT	(I) (II)	407,020 0	25,000 0	60,226 0	18,330 0	36,080 0	546,656 0	0 0
BRONTE D BURLEIGH- JONES, VP FINANCE & ADMIN AND TREASURER	(I) (II)	257,133 0	0	842 0	18,183 0	7,815 0	283,973 0	0
SEAN M WITTE, AVP FINANCE AND ASST TREASURER	(I) (II)	149,404 0	0	448 0	11,099 0	7,077 0	168,028	0
KAREN NEELY FARYNIAK, CHIEF OF STAFF AND SECRETARY	(I) (II)	141,582 0	0	1,067 0	10,427 0	13,603 0	166,679 0	0
NEIL B WEISSMAN, PROVOST AND DEAN	(I) (II)	305,965 0	0	274,959 0	18,460 0	15,229 0	614,613 0	145,341 0
ROBERT E RENAUD, VP AND CIO	(I) (II)	206,182 0	0 0	180,507 0	27,142 0	8,544 0	422,375 0	100,981 0
MARSHA M RAY, VP COLLEGE ADVANCEMENT	(I) (II)	229,785 0	0	3,742 0	16,385 0	13,724 0	263,636 0	0
JOYCE A BYLANDER, VP STUDENT LIFE	(I) (II)	189,591 0	0	8,039 0	13,735 0	13,174 0	224,539 0	0 0
DANA E SCADUTO, GENERAL COUNSEL	(I) (II)	240,875 0	0 0	272,066 0	17,134 0	2,155 0	532,230 0	134,420 0
BRIAN J WHALEN, PRES/CEO FORUM ON EDUC ABROAD	(I) (II)	189,925	0	2,738 0	13,880 0	17,531 0	224,074 0	0
SUSAN D ROSE, PROFESSOR	(I) (II)	159,247 0	0	1,793 0	9,556 0	16,454 0	187,050 0	0
HAROLD L POHLMAN, PROFESSOR	(I) (II)	157,917 0	0	2,716 0	11,446 0	9,204 0	181,283 0	0
ROBERT P WINSTON, SR ASSOCIATE PROVOST AND ASST SECRE	(I) (II)	141,322	0	14,963 0	10,693 0	19,475 0	186,453 0	0
WILLIAM G DURDEN, FORMER PRESIDENT	(I) (II)	0	0 0	886,943 0	18,460 0	13,541 0	918,944 0	356,341 0
KENNETH E SHULTES, FORMER VP CAMPUS OPERATIONS	(I) (II)	180,491 0	0	921 0	13,352 0	19,128 0	213,892 0	0
STEPHANIE S BALMER, FORMER VP ENROLL/COMM AND DEAN ADMIS	(1)	141,050	0	471 0	10,156 0	31,825 0	183,502 0	0

DLN: 93493124009136

Open to Public

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

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

Inspection Employer identification number

23-1365954

Internal Revenue Service Name of the organization DICKINSON COLLEGE

Department of the Treasury

										23-	-13659	54			
P	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price	(f)) Description	on of purpose	(g) De	feased	beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
Α	MONTGOMERY COUNTY HIGHER EDUCATION AND HEALTH AUTHORITY	23-2447147	613603RZ4	05-18-2006	44,09			NANCING A			X		X		X
В	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NBX4	06-01-2007	23,67	75,635	CONS	STRUCTIO	N		Х		X		Х
c ¯	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCP0	03-31-2008	18,27	77,445	REFIN	NANCING			Х		X		Х
D	CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	23061NCR6	09-30-2009	10,00	00,000	CONS	STRUCTIO	N		Х		×		X
Р	art III Proceeds	•		1	_						ı				
1	Amount of bonds retired				,	Α		ı	3		С			D	
2	A mount of bonds legally defea	ased													
3	Total proceeds of issue					44,443,	526		24,328,877		18,27	7,469		10,	000,372
4	Gross proceeds in reserve fur	nds				4,145,	230		1			24			3
5	Capitalized interest from proc	eeds													
6	Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows					20,700,	216				18,04	8,311			
7	Issuance costs from proceed	s				438,	999		266,878		22	8,798	120,141		
8	Credit enhancement from prod	ceeds				297,	905		392,000						
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	ceeds				18,861,	177		23,669,997					9,	880,228
11	Other spent proceeds														
12	Other unspent proceeds											336			
13	Year of substantial completio	n			20	07		20	08	20	800			2010	
					Yes	No		Yes	No	Yes	N	lo	Yes	\Box	No
14	Were the bonds issued as par	t of a current refundi	ng issue?			Х			Х	Χ	<u> </u>				Χ
15	Were the bonds issued as par	t of an advance refur	nding issue?		Х				Х	Х					Χ
16	Has the final allocation of pro-	ceeds been made?			х			Х		Х			Х	\top	
17	Year of substantial completion 14 Were the bonds issued as part of a current refunding issue? 15 Were the bonds issued as part of an advance refunding issue? 16 Has the final allocation of proceeds been made? 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		х			Х		Х			Х				

Part IIII Private Business Use

		A		В		С		1)
		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?		×		х		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		X		

Schedule K (Form 990) 2014

Part III Private Business Use (Continued)

	Trivate basiness ose (continued)		Α	į	В		С	ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use of bond-financed property?		х		х		х		
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?								
С	Are there any research agreements that may result in private business use of bond-financed property?	Х		Х		Х			
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?	Х		Х		Х			
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?		Х		Х		Х		
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?		х		х		х		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		•				•		•
С	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?	Х		Х		Х			

Part IV Arbitrage

		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		X
2	If "No" to line 1, did the following apply?								
а	Rebate not due yet?		Х		Х		X		Х
b	Exception to rebate?		Х		Х		Х		Х
С	No rebate due?	Х		Х		Х		Х	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed							•	
3	Is the bond issue a variable rate issue?		Х		Х		х		Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х		Х		X
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
			_			_	Sc	hedule K (Forn	n 990) 2014

Α

В

С

Part IV	Arbitrage	(Continued)
---------	-----------	-------------

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

Part VI	Supplemental Informat	on. Provide additional information	tion 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 05/01/2015 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2015 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 03/31/2015 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 05/01/2015 ISSUER NAME CUMBERLAND COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2015

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

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Schedule K | |

(Form 990)

Department of the Treasury

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.

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

OMB No 1545-0047

2014

DLN: 93493124009136

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** DICKINSON COLLEGE 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 (i) Pool behalf of financing ıssuer Yes No Yes No Yes No CUMBERLAND COUNTY 23-6003119 230614GB9 09-06-2012 40,480,007 REFINANCING AND Х Χ MUNICIPAL AUTHORITY CONSTRUCTION **Proceeds** Part II C Α В D Amount of bonds retired Amount of bonds legally defeased 2 Total proceeds of issue 3 40,504,628 Gross proceeds in reserve funds 4 25 5 Capitalized interest from proceeds Proceeds in refunding escrows 6 15,028,591 7 Issuance costs from proceeds 433,943 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 Capital expenditures from proceeds 10 25,042,005 Other spent proceeds 11 Other unspent proceeds 12 63 Year of substantial completion 13 2014 Yes Yes No No Yes No Yes No Were the bonds issued as part of a current refunding issue? Χ 14 Were the bonds issued as part of an advance refunding issue? Χ 15 Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final Χ allocation of proceeds? **Private Business Use** Part III Α В C D Yes No No No No Yes Yes Yes Was the organization a partner in a partnership, or a member of an LLC, which owned Χ

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

property financed by tax-exempt bonds?

financed property?

2

Χ

Раг	Private Business Use (Continuea)								•	
			A	١		В		C		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bu of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or ot outside counsel to review any management or service contracts relating to the property?									
С	Are there any research agreements that may result in private business use o financed property?	f bond-	Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or ot outside counsel to review any research agreements relating to the financed p		Х							
4	Enter the percentage of financed property used in a private business use by eather than a section $501(c)(3)$ organization or a state or local government	entities F		0 %		•		<u> </u>		
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another \$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?			Х						
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 issued?			х						
<u></u>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	sposed of						•		•
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations se 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		Х							
Par	t IV Arbitrage									
		Α			В		С		D	
		Yes	No	Yes	No	,	⁄es	No	Yes	No
1	Has the Issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		×							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									

Pa	rt IV Arbitrage (Continued)								•
	· •	A		В		c	,	D	,
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?	х							
Pa	rt V Procedures To Undertake Corrective Action								
		А		В	ı	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?	х							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493124009136

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE M (Form 990)

Department of the Treasury

DICKINSON COLLEGE

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.

Internal Revenue Service Name of the organization

Employer identification number

23-1365954

Pa	rt I Types of Property			123	5-1365954	—
	. ,	(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					_
2	Art—Historical treasures .					
3	Art—Fractional interests					
4	Books and publications	Χ		354	APPRAISED VALUE	
5	Clothing and household					
_	goods					_
	Cars and other vehicles					
	Boats and planes					
	Intellectual property		- 4	1 110 050	5.75.44.51/57.44.41/5	—
	Securities—Publicly traded .	X	64	1,418,253	FAIR MARKET VALUE	—
	Securities—Closely held stock .					—
11	Securities—Partnership, LLC, or trust interests					
12	Securities—Miscellaneous					_
13	Qualified conservation contribution—Historic structures					
14	Q ualified conservation contribution—O ther					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
	Collectibles	Х	1	825	APPRAISED VALUE	
	Food inventory					
	Drugs and medical supplies .					
	Taxidermy					
	Historical artifacts					_
	Scientific specimens					
	Archeological artifacts					_
<u> </u>	Other►(1PUTERS AND EQUIPMENT)	. X	1	16,704	COMPARABLE SALES	_
	Other ► ()					—
	O ther ► () O ther ► ()					—
	Number of Forms 8283 received by th	6 0rganizat	ion during the tay year for	contributions	<u> </u>	—
23	for which the organization completed F					6
30-	During the year, did the organization	racalva hu	contribution any property :	renorted in Part I lines 1	through 28 that	<u> </u>
Sua						
	it must hold for at least three years fr					
	for exempt purposes for the entire ho		·		· · · · · 30a No	<u> </u>
b	If "Yes," describe the arrangement in					
31	Does the organization have a gift acc	eptance po	icy that requires the revie	w of any non-standard co	ontributions? 31 Yes	—
32a	Does the organization hire or use thir contributions?	•	related organizations to s	colicit, process, or sell no	ncash • • • 32a Yes	
b	If "Yes," describe in Part II					
33	If the organization did not report an a describe in Part II	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,	

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions number of items received, or a combination of both. Also complete this part for any additional information						
Return Reference Explanation						
, , ,	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					
· · · · · · · · · · · · · · · · · · ·	MORGAN STANLEY'S BROKERAGE FIRM PROCESSES AND SELLS STOCK GIFTS RECEIVED BY THE COLLEGE					

Schedule M (Form 990) (2014)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ 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.

Name of the organization
DICKINSON COLLEGE

Employer identification number
23-1365954

Return Reference	Explanation
PART I, LINE 6	2,527 INDIVIDUALS PROVIDED VOLUNTEER SERVICES FOR THE COLLEGE ON A PART-TIME BASIS DURING FISCAL YEAR 2014-15 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 (2,670), 1099-MISC (459), AND 1099-R (86)			

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	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 COLLEGES 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 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 WATERIAL FACTS AS TO SUCH RELATIONSHIP OR INTEREST, AND AS TO THE CONTRACT OR TRANSACTION BY THE AFFIRMATIVE VOTES OF A MAJORITY OF THE DISINTERESTED TRUSTEES, RELECTION 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 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 RATHED BY THE BOARD COMMON OR INTERESTED TRUSTEES WHICH AUTHORIZES A CONTRACT OR TRANSACTION WHEN IT IS CONCLUDED THAT A CONFLICT A

Т

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES SUBCOMMITTEE ON EXECUTIVE COMPENSATION (THE "SUBCOMMITTEE") HOLDS A CONFERENCE CALL ON AN ANNUAL BASIS TO REVIEW THE TOTAL COMPENSATION PACKAGES FOR THE PRESIDENT AND SENIOR OFFICERS OF THE COLLEGE PRIOR TO THE CALL, SUBCOMMITTEE MEMBERS ARE PROVIDED WITH COMPARATIVE COMPENSATION DATA FROM TWO SEPARATE HIGHER EDUCATION EXECUTIVE COMPENSATION SURVEYS THE SUBCOMMITTEE REVIEWS THE SURVEYS AND DISCUSSES A PROPOSED COMPENSATION PACKAGE FOR THE PRESIDENT (THE PRESIDENT PROPOSES COMPENSATION PACKAGES FOR SENIOR OFFICERS) THE SUBCOMMITTEE'S RECOMMENDATIONS ARE PRESENTED TO THE BOARD OF TRUSTEES EXECUTIVE COMMITTEE FOR APPROVAL DURING THE SPRING BOARD MEETINGS UPON APPROVAL, A LETTER FROM THE BOARD CHAIR IS SENT TO THE AVP FOR HUMAN RESOURCE SERVICES TO CONFIRM THE APPROVED COMPENSATION FOR THE PRESIDENT AND SENIOR OFFICERS FOR THE UPCOMING FISCAL YEAR BEGINNING JULY 1 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 ITS REVIEW MINUTES ARE DOCUMENTED FOR BOTH THE CALL AND THE MEETING

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
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

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DLN: 93493124009136

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Name of the organization DICKINSON COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number

23-1365954

Part I Identification of Disregarded Entities Complete	f the organization a	answered "Yes" on	Form 990, Pa	rt 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

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II 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) 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	

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

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

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 (b)(1 control entity	512 3) lled y?
								Yes	No
(1) CHARITABLE REMAINDER TRUST (8)	ANNUITY	PA		T					No
(2) POOLED INCOME FUND (2)	ANNUITY	РА		Т					No
(3) BWC TRUST 14334 STILTON CIRCLE SILVER SPRINGS, MD 20905 52-0663103	PERPETUAL TRUST	MD		Т	125,768	2,094,471	100 000 %		No
(4) GLB TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6508108	PERPETUAL TRUST	PA		T	-288	49,238	100 000 %		No
(5) DWH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 25-6482126	PERPETUAL TRUST	PA		Т	23,865	220,840	50 000 %		No
(6) JWK TRUST WELLS FARGO BANK NA 123 S BROAD STR PHILADELPHIA, PA 19109 23-6645755	PERPETUAL TRUST	РА		Т	99,756	2,261,800	100 000 %		No
(7) JFH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6480244	PERPETUAL TRUST	PA		Τ	20,774	672,297	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Forn	n 990, Part IV, line	e 34, 35b, or 36.	1 4	ge 3
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
d Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			1 g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	No
• Sharing of paid employees with related organization(s)			10		No
Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	i

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

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

Name, address, and EIN of entity Name, address, and ent	[·								
514)				Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					لـــــــــا				163					ļ

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

Page **5**

Software ID:

Software Version:

EIN: 23-1365954

Name: DICKINSON COLLEGE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?
Yes	No '	•	1		1			
CHARITABLE REMAINDER TRUST (8)	ANNUITY	PA		Т				No
POOLED INCOME FUND (2)	ANNUITY	PA		Т				No
BWC TRUST 14334 STILTON CIRCLE SILVER SPRINGS, MD 20905 52-0663103	PERPETUAL TRUST	MD		Т	125,768	2,094,471	100 000 %	No
GLB TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6508108	PERPETUAL TRUST	PA		Т	-288	49,238	100 000 %	No
DWH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 25-6482126	PERPETUAL TRUST	РА		T	23,865	220,840	50 000 %	No
	PERPETUAL TRUST	РА		T	99,756	2,261,800	100 000 %	No
JFH TRUST MT BANK ONE MT PLAZA 8TH FLOOR BUFFALO, NY 14203 23-6480244	PERPETUAL TRUST	РА		T	20,774	672,297	100 000 %	No