

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 ca	lendar yea	r, or tax year beginnin	g 07-01-2009	and ending 06-30-20	10				
_		pplicable	Please	C Name of organization BENNINGTON COLLEGE	CORPORATION			D Employer	identification number		
	Iress ch	-	use IRS label or	Doing Business As				03-0179			
_	ne cha		print or type. See					(802) 440			
	ıal retu		Specific Instruc-	Number and street (or F ONE COLLEGE DRIVE	O box if mail is	not delivered to street addr	ess) Room/suit	e	ots \$ 44,944,139		
_	minate		tions.	ONE COLLEGE DRIVE							
☐ Am	ended	return		City or town, state or co BENNINGTON, VT 0520		4					
T App	lication	pending		ŕ							
				ne and address of prin KRAUSE	cıpal officer			his a group ret			
			ONEC	OLLEGE DRIVE			απι	liates?	⊤Yes ▼ No		
			BENNI	NGTON,VT 05201			H(b) Are	all affiliates incl	uded? Yes No		
т Та	x-exem	nnt status	▼ 501(c)	) (3) ◀ (insert no ) 「	4947(a)(1) or <b>「</b>		_		st (see instructions)		
					+5+7(d)(1) Oi	327	H(c) Gr	oup exemption	number <b>F</b>		
				IGTON EDU			<u> </u>				
				ion Trust Association	Other 🕨		<b>L</b> Year of	formation 1932	<b>M</b> State of legal domicile VT		
Ра		Sum		e organization's missio	on or most sig	nificant activities					
	•						ON LOCATE	D IN BENNING	STON, VERMONT THE		
9		UNDER	GRADUAT	E ENROLLMENT IS M	IORE THAN 6	60 STUDENTS					
Governance											
E E											
5	2	Check t	:hıs box 叶	if the organization di	scontinued its	operations or dispose	d of more tha	n 25% of its ne	et assets		
26	3	Number	of voting r	nembers of the govern	iing body (Part	:VI, line 1a)			324		
Activities	4	Number	ofindepen	dent voting members	of the governı	ng body (Part VI, line 1	b)		423		
Ē	5	Total nu	umber of en	nployees (Part V , line	2a)				5 1,065		
F F	6	Total nu	umber of vo	lunteers (estimate if r	necessary) .				6132		
		_	etal gross unrelated business revenue from Part VIII, column (C), line 12						<b>7a</b> 32,496		
	b	Net unr	elated busi	ness taxable income f	rom Form 990	-T, line 34			<b>7b</b> -32,496		
							Pı	ior Year	Current Year		
ā	8		contributions and grants (Part VIII, line 1h)					6,461,845	<del></del>		
eun	9		ogram service revenue (Part VIII, line 2g)								
Ravenu	10						•	368,803	<del>'</del>		
	11 Other revenue (Part VIII, o 12 Total revenue—add lines 8						ne	1,358,197	678,726		
	12							39,579,588	40,163,082		
	13					), lines 1-3 )		10,343,483	12,543,761		
	14	Benefits paid to or for members (Part IX, column (A), line 4)						0	0		
Ø	15		es, other co	ompensation, employe	e benefits (Pa	rt IX, column (A), lines	5 –	17,611,489	18,151,611		
Expenses	16a	10) Profes	sional fund	raising fees (Part IX, o		17,011,409					
<u>⊕</u>	ь			enses (Part IX, column (D)							
Э	17					, 11f-24f)		11,893,505	9,677,814		
	18					X, column (A), line 25)	•	39,848,477			
	19			penses Subtract line 1				-268,889			
<u>공</u>							Beginni	ng of Current	End of Year		
Not Assets or Fund Balances								Year			
Ass Ba	20			t X, line 16)				97,951,508	-		
2 E	21			Part X, line 26)				37,256,282	· · · · ·		
	22 1 III				ine 21 from lir	ne 20		60,695,226	60,976,768		
Ра	. 11		ature Blo		evamined this re	turn including accompanyin	a schedules and	statements and t	to the best of my knowledge		
						er (other than officer) is bas					
Sian		<u> </u>									
5		**** Sign	ature of office	er			201 Dat	1-05-12 e			
		'	RA KRAUSE VI								
			e or print nam								
		Preparer	's <b>k</b>			Date	Check If	Preparer's ide	ntıfyıng number		
Paid		signature					self- empolyed • [	(see instruction	, ,		
	arer's	Firm's na	ame (or yours	s <b>k</b> KPMG LLP			poi, cu r				
Use (		ıf self-employed),						- EIN ▶	EIN ▶		
	-	audiess,	ana zir + 4	60 South Street				Phone no 🕨	(617) 988-1000		
May	he ID	S dicon-	e this ratio	Boston, MA 02111	nown above? (	see instructions)			Yes No		
rray 1	.пе тК	⊃ uis€us	uns retu درانا در	ın wıcıı cile pieparer Sr	iowii anove ( (	see mistructiviis)			1 162 1 110		

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

BENNINGTON COLLEGE IS A LIBERAL ARTS EDUCATIONAL INSTITUTION LOCATED IN BENNINGTON, VERMONT	THE
LINDED COADUATE ENDOLLMENT IC MODE THAN 660 CTUDENTS	

2	Did the organization undertake the prior Form 990 or 990-EZ?				Yes 🔽 No
	If "Yes," describe these new se	rvices on Schedule O			
3	Did the organization cease conservices?				Yes 🔽 No
	If "Yes," describe these change	s on Schedule O			
4	Describe the exempt purpose a Section 501(c)(3) and 501(c)( allocations to others, the total	4) organizations and sec	tion 4947(a)(1) trusts ar	e required to report the amour	•
4a	(Code ) (Exp	enses \$ 30,110,90	7 including grants of \$	12,406,520 ) (Revenue \$	31,851,989 )
	UNDERGRADUATE PROGRAM BENN: INCLUDE THE VISUAL AND PERFORM WEEKS-EVERY YEAR-AT WORK IN T	ING ARTS IN A LIBERAL ARTS	EDUCATION, AND IT IS THE ON	LY COLLEGE TO REQUIRE THAT ITS S	
4b	, , ,	enses \$ 1,155,20	3 3 .	137,241 ) (Revenue \$	2,282,506 )
	GRADUATE PROGRAMS BENNINGTO PROCESS THE COLLEGE'S GRADUAT PROGRAMS A MASTER OF FINE ART LANGUAGE IN ADDITION, THE COLL PREMEDICAL PROGRAMS IN 2009-1	E PROGRAMS ARE SMALL, INT S IN WRITING, WHICH IS RAN EGE OFFERS A MASTER OF AR	ENSIVE, AND HIGHLY SELECTIVINGED AMONG THE TOP FIVE IN TESTING TO TESTING OF THE TOP FIVE OF	E BENNINGTON OFFERS TWO LOW-F THE NATION, AND A MASTER OF ART	RESIDENCY GRADUATE S IN TEACHING A SECOND
4c	(Code ) (Exp	enses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Des	crihe in Schedule O )			
Tu	(Expenses \$	including grants	of\$	) (Revenue \$	)
4e	Total program service expens		•		•
	a. p g. a service expense	JI,200,			

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	<b>Julicuules</b>

			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? 🕏	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? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
--------	------------	-----------	----------	------------	---------	------------

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
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 this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			1
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

ONE COLLEGE DRIVE BENNINGTON, VT 05201

(802) 440-4358

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

Se	ction A. Governing Body and Management							
			Yes	No				
	Enterthe combined for the control of							
1a L	Enter the number of voting members of the governing body 1a 24							
ь	Enter the number of voting members that are independent 1b 23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
		70		NO				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
ке	evenue Code.)		Yes	NI.				
10-	December on the control of the contr	10-	res	No				
	Does the organization have local chapters, branches, or affiliates?	10a		Νο				
Б	<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?							
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
11A	L1A Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts?	12b	Yes					
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b		Νo				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	ınızatıor	n 🕨				
	LAURA KRAUSE							

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	1,316,137	0	93,392

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶7

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TOD WILLIAMS BILLIE TSIEN ARCHITECT 222 CENTRAL PARK SOUTH NEW YORK, NY 10019	ARCHITECT SVCS	537,683
CENTERLINE ARCHITECTS 302 MAIN STREET BENNINGTON, VT 05201	ARCHITECT SVCS	227,333
REED HILDEBRAND ASSOCIATES INC 741 MOUNT AUBURN STREET WATERTOWN, MA 02472	ARCHITECT SVCS	139,459
KYU SUNG WOO ARCHITECTS INC 488 GREEN STREET CAMBRIDGE, MA 02138	ARCHITECT SVCS	118,605
WINTHROP M WASSENAR PE 300 OBLONG STREET WILLIAMSTOWN, MA 01267	CONSULTING	118,597
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	who received more than	

Page 8

Form 99								Page <b>9</b>
Part	<b>/</b>	Statement o	or kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
ats ste	1a	Federated cam	paigns 1a					
grai	Ь	Membership du						
ffs,	С	Fundraising eve						
<u> </u>	d e	Government grants	cations 1d s (contributions) 1e	349,778				
ons Sin	, F	_	ons, gifts, grants, and <b>1f</b>	4,757,762				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above					
and and	h	Total. Add lines	s 1a-1f	▶	5,107,540			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	5	611,710	27,452,722	27,452,722		
æ	Ь	ROOM & BOARD		721,310	6,681,773	6,681,773		
MCA	С							
Š	d							
E E	e f	All other progra	am service revenue					
j L	'							
	g 3		s 2a-2f		34,134,495			
	3		ome (including dividend ar amounts)	· . F	461,055			461,055
	4		stment of tax-exempt bond p		0			·
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	481,757	0				
	b	Less rental expenses	373,548					
	c	Rental income or (loss)	108,209	0				
	d	Net rental inco	me or (loss)		108,209		-32,496	140,705
	7a	Gross amount from sales of assets other than inventory	(i) Securities 4,188,775	(II) O ther				
	ь	Less cost or other basis and sales expenses	4,407,509					
	C	Gain or (loss)	-218,734	0	-218,734			-218,734
	d 8a		rom fundraısıng		210,734			210,734
Other Revenue		events (not inc \$ of contributions See Part IV, lin	luding s reported on line 1c) le 18 a	0				
듔	b c		penses <b>b</b> [ (loss) from fundraising e	vents 🕨	0			
J	9a	Gross income f	rom gaming activities	.veins i				
	ь		a penses b	0				
	10a	Gross sales of returns and allo		rities	O O			
	ь	Less costofg	a oods sold b					
	С		(loss) from sales of inve	· ·	0			
		Miscellaneous		Business Code	222.070			222.070
	11a	STUDENT SNA		722,210 611,710	232,970 287,840			232,970 287,840
	b	BOOKSTORE	-	900,099	287,840 49,707			49,707
	C C	OTHER INCOM		900,099	49,707			49,707
	d e	All other revenue Total. Add lines	L					
	12		See Instructions	•	570,517	24 - 2 - 1		
	]				40,163,082	34,134,495	-32,496	953,543

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m I other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,543,761	12,543,761		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	858,136	167,656	501,399	189,081
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	13,911,321	10,714,132	2,450,109	747,080
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	643,934	356,487	250,256	37,191
9	Other employee benefits	1,724,651	947,619	676,496	100,536
10	Payroll taxes	1,013,569	561,120	393,909	58,540
11	Fees for services (non-employees)				
а	Management	106,043	48,573	36,107	21,363
b	Legal	77,717	11,893	65,824	
С	Accounting	88,100		88,100	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	90,785	27,322	63,463	
13	Office expenses	620,323	380,768	198,567	40,988
14	Information technology	489,636	452,865	17,583	19,188
15	Royalties	0			
16	Occupancy	1,121,616	864,142	· •	
17	Travel	333,880	136,150	155,430	42,300
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	125,820	55,769	55,848	14,203
20	Interest	1,354,791	456,608	898,183	
21	Payments to affiliates	0	4 570 040	255.240	
22	Depreciation, depletion, and amortization	1,927,058	1,670,848	256,210	
23 24	Insurance	530,378	424,302	106,076	
а	PURCHASED SERVICES	1,368,380	958,592	387,807	21,981
b	FOOD AND FUNCTIONS	852,188	277,035	573,314	1,839
С	PROJECTS AND EVENTS	291,567	90,796	168,900	31,871
d	BOOKS AND SUBSCRIPTIONS	104,171	99,778	3,805	588
e	DUES AND SUBSCRIPTIONS	64,183	19,375	42,241	2,567
f	All other expenses	131,178	520	130,658	·
25	Total functional expenses. Add lines 1 through 24f	40,373,186	31,266,111	7,777,759	1,329,316
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, , , , ,	,,-	,	. ,

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing . . . . . . . . . . . . . 26.373.516 2 20,672,228 2 17,221,309 13,232,178 3 3 4 472.130 4 541.121 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 7 234,435 226,436 841,593 561.676 Land, buildings, and equipment cost or other basis Complete 73.018.597 10a 10a Part VI of Schedule D 10b 27.602.857 45.415.740 b Less accumulated depreciation . . . . . 34,808,728 10c 10.185.988 11 11.348.064 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 7.821.808 7.433.296 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 97,951,508 16 99,438,738 5.669.865 4.549.047 17 17 Accounts payable and accrued expenses . 18 18 2,033,902 19 2,223,278 19 30,673,333 20 20 30,338,770 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 230.057 26 Total liabilities. Add lines 17 through 25 . . . . . 37,256,282 26 38,461,970 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 23.287.457 25,893,233 27 27 Unrestricted net assets . . . . 28 23.462.656 28 21.063.589 Temporarily restricted net assets . . . . . Fund 13.945.113 14.019.946 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 📂 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . 60,695,226 33 60,976,768 34 Total liabilities and net assets/fund balances . . . . . 97.951.508 34 99,438,738

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization BENNINGTON COLLEGE CORPORATION

### **Public Charity Status and Public Support**

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

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

Inspection **Employer identification number** 

Da	rt I	Peac	on for Bul	blic Charity Stat	us /All ord	nanizations	must comr	olete this na	rt \ See inst						
				e foundation because						uctions					
1				on of churches, or as					,						
2	Ţ			ın <b>section 170(b)(1)</b>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
3	Ė			perative hospital serv				n 170(b)(1)(	A)(iii).						
4	Ė			organization operate						(A)(iii). Ent	erthe				
	,			y, and state	,					(,(,-					
5	Γ	_	•	erated for the benefit  A)(iv). (Complete Pa	_	or universit	ty owned or o	perated by a g	jovernmental	unıt describ	ed in				
6	$\vdash$			local government or		al unit desc	rihed in <b>secti</b>	on 170(h)(1)(	(A)(v)						
7	Ĭ,	An orga describ	nization tha ed in	t normally receives a	a substantia					n the genera	l public	:			
8	$\vdash$			described in <b>section</b>		Al(vi) (Con	onlete Dart II	١							
9	<u>'</u>								itions mamba	rehin faas	and aro				
•	'	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of													
		-		ess investment incom	-	_									
			_	anization after June 3				-		x) iioiii busii	163363				
10	$\vdash$	•			•			•	•						
11	<u>'</u>	_	An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of												
	'	one or i	more publicly	y supported organiza pes the type of suppo <b>b</b> Type II	tions descri orting organi	ibed in secti ization and d	on 509(a)(1)	or section 50 s 11e through	09(a)(2) See	•	(a)(3).	Check			
e	Γ	other th	nan foundation 509(a)(2)	ox, I certify that the con managers and oth	er than one	or more pub	licly support	ed organizatio	ns described	ın section 5	09(a)(	1) or			
f g		check t Since A	hıs box ugust 17, 2	eceived a written de 006, has the organiz						supporting	organiz				
			g persons?	ectly or indirectly co	ntrole outh	aralono ort	ogothor with	narcans dassi	ribad in (ii)		Yes	l Na			
				governing body of the	•		-	persons descr	ilbed III (II)	11g(i)		No			
				r of a person describ		-	ation.			11g(i)	_	<del></del>			
		• •	•	ed entity of a person	• • •		hove?			11g(iii	_	<del>                                     </del>			
<b>L</b>				g information about t						119(111	<u>′1                                    </u>	<u> </u>			
h		riovide	the lonowin	g illioilliation about t	.ne supporte	a organizat	1011(3)								
(i) Namo suppo organiz		e of orted	Type of Is organization of (ii) (described on ted EIN lines 1- 9 above or IRC section documents of the control		Is the organization organization of (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		) otify the tion in of your ort?	(vi) Is the organizati col (i) organithe U	e Ion In anized	A m	vii) ount of oport?			
				(see instructions))	Yes	No	Yes	No	Yes	No					
Tota	I														

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)		
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>				
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual								
_	grants ") Tax revenues levied for the								
2	organization's benefit and either								
	paid to or expended on its								
	behalf								
3	The value of services or facilities								
-	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by								
	each person (other than a								
	governmental unit or publicly								
	supported organization) included on								
	line 1 that exceeds 2% of the								
	amount shown on line 11, column								
_	(f) <b>Dublic Support</b> Subtract line F from								
6	<b>Public Support.</b> Subtract line 5 from line 4								
S	ection B. Total Support	1		-					
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total		
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
9	sources Net income from unrelated								
9	business activities, whether or								
	not the business is regularly								
	carried on								
10	Other income (Explain in Part								
	IV ) Do not include gain or loss								
	from the sale of capital assets								
11	Total support (Add lines 7								
4.5	through 10)	/5							
12	Gross receipts from related activities	,	•			12			
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□		
	check this box and <b>stop here</b>						-1		
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2009			11 column (f))		14			
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15			
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox		
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □		
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi			
	box and <b>stop here.</b> The organization				,		▶		
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14								
	ıs 10% or more, and ıf the organizat								
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp			
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□		
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_							
	Explain in Part IV how the organizat						clv		
	supported organization						<b>▶</b> ┌		
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•		

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### Software ID: Software Version:

**EIN:** 03-0179414

Name: BENNINGTON COLLEGE CORPORATION

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

(A) Name and Title	(B) A verage hours	Posi	<b>((</b> tion (	<b>:)</b> (che	ck a			(D) Reportable	(E) Reportable	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	a Institutional Trustee			Highest compensated employee	Former	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
PRISCILLA ALEXANDER TRUSTEE	1 0	X						0	0	0
SUSAN PARIS BORDEN TRUSTEE	1 0	Х						0	0	0
JOHN BOYD TRUSTEE	1 0	Х						0	0	0
KAREN JOHNSON BOYD TRUSTEE	1 0	X						0	0	0
SUZANNE BRUNDAGE TRUSTEE	1 0	Х						0	0	0
BARBARA USHKOW DEANE VICE CHAIR	1 0	Х						0	0	0
JANE DONALDSON TRUSTEE	1 0	X						0	0	0
ALBERT F FREIHOFER TRUSTEE	1 0	X						0	0	0
CHRISTOPHER HAMMOND TRUSTEE	1 0	X						0	0	0
MICHAEL HECHT TRUSTEE	1 0	Х						0	0	0
JOHN J KENNEY TRUSTEE	1 0	Х						0	0	0
BOBBIE KNABLE TRUSTEE	1 0	Х						0	0	0
ALAN KORNBERG TRUSTEE	1 0	Х						0	0	0
SETH MASTERS TRUSTEE	1 0	Х						0	0	0
AARTI RANA TRUSTEE	1 0	Х						0	0	0
CAROLYN CROSSETT ROWLAND TRUSTEE	1 0	Х						0	0	0
DANIEL B ROWLAND TRUSTEE	1 0	Х						0	0	0
ELIZABETH SCHULZ TRUSTEE	1 0	Х						0	0	0
JAMES SIMON TRUSTEE	1 0	Х						0	0	0
MARY HAMMOND STORER TRUSTEE	1 0	Х						0	0	0
DEBORAH WADSWORTH CHAIR	1 0	Х						0	0	0
JOHN WILCOX TRUSTEE	1 0	Х						0	0	0
PENELOPE PERKINS WILSON TRUSTEE	1 0	Х						0	0	0
ELIZABETH COLEMAN PRESIDENT	40 0	Х		х				383,306	0	33,860
WILLIAM P MORGAN EXEC VP & TREASURER	40 0			Х				156,423	0	11,631

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)					<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	_       当点     organization (Wall o	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
JANET MARSDEN SECRETARY	40 0			х			82,000	0	2,860
PAIGE BARTELS VP FOR EXTERNAL RELATIONS	35 0				х		150,750	0	10,275
ELISSA TENNY PROVOST	35 0				x		167,656	0	11,476
JOAN GOODRICH VP PLANNING & SPECIAL PRORGAMS	35 0					Х	147,088	0	9,369
PAUL HIMMELMAN DEAN ADMISSIONS/FINANCIAL AID	35 0					Х	114,682	0	7,473
DAVID REES VP FOR PLANNING/ADMINISTRATION	35 0					х	114,232	0	6,448

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	1,368,380	958,592	387,807	21,981
FOOD AND FUNCTIONS	852,188	277,035	573,314	1,839
PROJECTS AND EVENTS	291,567	90,796	168,900	31,871
BOOKS AND SUBSCRIPTIONS	104,171	99,778	3,805	588
DUES AND SUBSCRIPTIONS	64,183	19,375	42,241	2,567

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

DLN: 93493132028771

OMB No 1545-0047

#### **SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

Open to Public

iterna	Il Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspection
Na	me of the organi	zation		Employer identificat	ion number
BEN	NNINGTON COLLEGE	CORPORATION		03-0179414	
Pa			dvised Funds or Other Similar F		Complete if the
	organiz	ation answered "Yes" to Form 99			h
	T. 4. 1	h and af	(a) Donor advised funds	(b) Funds and ot	ner accounts
1	Total number at	·			
2 3		ributions to (during year) ts from (during year)			
<i>3</i> 4	Aggregate yran				
5	Did the organiz	ation inform all donors and donor advi	L sors in writing that the assets held in doi organization's exclusive legal control?	nor advised	┌ Yes ┌ No
6	used only for cl	<del>-</del> , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•	┌ Yes
Pa		·	ıf the organization answered "Yes" t	to Form 990, Part IV	, line 7.
2	Preservation Preservation Complete lines	conservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing the last day of the tax year	on or pleasure)	n historically importantl certified historic struct n of a conservation	•
				Held at the	End of the Year
а	Total number o	f conservation easements		2a	
b	Total acreage r	restricted by conservation easements		2b	
С	Number of cons	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d	
3	Number of cons	ervation easements modified, transfe	rred, released, extinguished, or terminat	ed by the organization o	lurıng
	the taxable yea	ar ▶			
4	Number of state	es where property subject to conserva	ation easement is located ►		
5		nization have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, han	dling of violations, and	┌ Yes
6	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents during the year 🕨	·
7	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s during the year 🟲 \$ _	
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	┌ Yes
9	balance sheet, the organization	and include, if applicable, the text of t n's accounting for conservation easen		I statements that desci	ribes
Par			ins of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar A	Assets.
1a	If the organizat art, historical t	ion elected, as permitted under SFAS reasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or resear lancial statements that describes these is	ch in furtherance of pub	
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research is		•
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets incl	uded in Form 990, Part X		<b>►</b> \$	597,990
2		cion received or held works of art, historics required to be reported under SFA	orıcal treasures, or other sımılar assets f S 116 relatıng to these ıtems		

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	<b>TIL</b> Organizations Maintaining Co	llections of Art	, Hist	torical Tre	easu	res, or O	the	r Similar A	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e following th	at ar	e a sıgnıfıca	nt u	se of its colle	ction	า	
а	▼ Public exhibition <b>d</b>										
ь	Scholarly research		e	┌ Other							
С	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they further	the c	organization	's ex	empt purpose	ın		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Γ	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					n answered	Y" b	es" to Form	990	١,	
	Part IV, line 9, or reported an ar			•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ons	or other ass	ets i	not	Γ	Yes	Г No
b	If "Yes," explain the arrangement in Part XI	V and complete the	followi	ng table		Г		_			
							_	A	mou	Int	
C _	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance						<b>1</b> f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Γ	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		wered "Yes' )Prior Year				t IV, line 10 Three Years Bac		NEOUr V	ears Back
la	Beginning of year balance	12,966,861	(0	14,970,620	(0)	WO TEATS DACK	100	Jimee Tears Dac	1	Ji Oui Te	cars back
b	Contributions	10,912		49,498			+				
c	Investment earnings or losses	385,756		-2,001,478			+				
d	Grants or scholarships										
e	Other expenditures for facilities			51,779							
	and programs						$\bot$		$\bot$		
f	Administrative expenses						$\bot$				
g	End of year balance	13,363,529		12,966,861							
2	Provide the estimated percentage of the year		is								
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment F 100.000 %										
c	Term endowment ► 0 %										
3a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat are held a	and a	dministered	l for	the		Yes	N-
	(i) unrelated organizations						_	3a	ı(i)	res	No No
	(ii) related organizations				٠				(ii)		No
ь	If "Yes" to 3a(II), are the related organization					·	٠.		3b		
1	Describe in Part XIV the intended uses of th	e organization's end	lowme	nt funds							
Pai	t <b>VI</b> Investments—Land, Building	s, and Equipme	nt. Se	ee Form 99	0, Pá	art X, line	10.				
	Description of investment			(a) Cost or ot basıs (ınvestme		(b)Cost or ot basis (other		(c) Accumulate depreciation	d	( <b>d</b> ) Boo	ok value
La	Land					1,555,	100				1,555,100
b	Buildings					46,279,	784	18,832,6	23	27	7,447,16
c	Leasehold improvements										
d	Equipment					10,487,	317	8,115,8	98		2,371,419
e	Other					14,696,	396	654,3	36	14	1,042,060

45,415,740

(a) Description of security or category		2.
(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		,
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Tabel (Calumn (b) should assul Form 000, Part V, cal (D) line 12.)	<b>+</b>	
( ) ,		
ENETTENA Other Assets See Form 990 Part V II	no 15	
Part IX Other Assets. See Form 990, Part X, II  (a) Descri		(b) Book value
(a) Descri		(b) Book value
(a) Descri		6,429,240
(a) Descri		
(a) Descri		6,429,240
(a) Descri	ption	6,429,240
SPLIT-INTEREST AGREEMENT OTHER ASSETS	ption	6,429,240 1,004,056
(a) Description SPLIT-INTEREST AGREEMENT OTHER ASSETS  Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part 1  (a) Description of Liability  Federal Income Taxes	15.)	6,429,240 1,004,056

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	1ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	40,163,082
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,373,186
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-210,104
4	Net unrealized gains (losses) on investments	4	1,272,710
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-781,06
9	Total adjustments (net) Add lines 4 - 8	9	491,647
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	281,54
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements	1	41,028,277
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -781,063		
e	Add lines <b>2a</b> through <b>2d</b>	2e	491,647
3	Subtract line <b>2e</b> from line <b>1</b>	3	40,536,630
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-373,548
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	40,163,082
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial	<b>1</b>	40,746,734
2	statements		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	373,548
3	Subtract line <b>2e</b> from line <b>1</b>	3	40,373,186
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	40,373,186
Par	t XIV Supplemental Information	'	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation (
COLLECTIONS OF ART	PART III, LINE 4	BENNINGTON COLLEGE WAS THE FIRST COLLEGE IN THE NATION TO INCLUDE THE VISUAL AND PERFORMING ARTS AS AN EQUAL PARTNER IN THE LIBERAL ARTS CURRICULUM BY THE MIDDLE OF THE 20TH CENTURY, BENNINGTON WAS ALREADY PLAYING A CENTRAL ROLE IN THE AMERICAN ART SCENE - SERVING AS A LOCUS FOR MANY MAJOR FIGURES IN THE ART WORLD BECAUSE OF ITS REMARKABLE HISTORY, BENNINGTON COLLEGE HAS ACQUIRED A UNIQUE COLLECTION OF PAINTINGS, PHOTOGRAPHS, PRINTS AND SCULPTURES - A LARGE PORTION OF THE COLLECTION CONSISTING OF WORK MADE BY ITS RENOWNED ALUMNI, FACULTY AND CAMPUS VISITORS PRIMARILY A TEACHING COLLECTION, NEW WORK AND WORK FROM THE EXISTING COLLECTION ARE EVALUATED FOR THEIR RELEVANCE TO THE COLLECTION AS A WHOLE SELECT WORK IS OCCASIONALLY LENT FOR NATIONAL EXHIBITIONS AND EXHIBITIONS IN THE REGION MUCH OF THE COLLECTION IS PERMANENTLY ON DISPLAY THROUGHOUT THE CAMPUS AND IS EXHIBITED ROUTINELY THROUGH SPECIAL EXHIBITIONS IN THE
ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 64 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE COLLEGE, IF ANY, TO FUNCTION AS ENDOWMENTS THE COLLEGE USES THE TOTAL RETURN CONCEPT, AND ITS SPENDING POLICY IS DESIGNED TO STABILIZE ANNUAL SPENDING LEVELS AND TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS
CHANGE IN NET ASSETS	PART XI, LINE 8	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS (1,074,982) CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS 367,835 CHANGE IN VALUE OF BENEFICIAL INTEREST (73,916) TOTAL (781,063)
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS (1,074,982) CHANGE IN VALUE OF SPLIT- INTEREST AGREEMENTS 367,835 CHANGE IN VALUE OF BENEFICIAL INTEREST (73,916) TOTAL (781,063)
OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS	PART XII, LINE 4B	RECLASS OF RENTAL EXPENSES (373,548)
OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN	PART XIII, LINE 2D	RECLASS OF RENTAL EXPENSES 373,548

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

BENNINGTON COLLEGE CORPORATION

### **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

03-0179414 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? Yes 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 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 3 Yes BENNINGTON COLLEGE IS COMMITTED TO A POLICY OF NON-DISCRIMINATION AS DEFINED UNDER APPLICABLE STATE AND FEDERAL LAWS ILLEGAL DISCRIMINATION WITH REGARD TO AGE, SEX, CREED, DISABILITY, NATIONAL ORIGIN, RACE, COLOR, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, OR ANY OTHER LEGALLY PROTECTED CATEGORY IS PROHIBITED Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b 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? Yes 4c 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 Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a 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 If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132028771

OMB No 1545-0047

2009

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. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service **Inspection** Employer identification number Name of the organization BENNINGTON COLLEGE CORPORATION 03-0179414 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) 18.743 Europe (Including Iceland and 0 0 Program Services RECRUITMENT Greenland) Middle East and North Africa 0 0 Program Services RECRUITMENT 2.080

Totals . . . .

20,823

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

	Other Assistance to F-1 (Form 990) if addi			<b>d States.</b> Complete ıf	the organization ar	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD	Europe/Iceland/Greenlan	d					

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information.  Explanation
	+	

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493132028771 OMB No 1545-0047

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

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

Open to Public

Name of the organization						Employer identifica	ition number
BENNINGTON COLLEGE CO	03-0179414	03-0179414					
Part I General Info	mation on Grar	nts and Assistance				•	
2 Describe in Part IV the	ed to award the gran organization's proce	ts or assistance? dures for monitoring the us	e of grant funds in the				✓ Yes
Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of se	ction 501(c)(3) and	government organizations					

Enter total number of other organizations . . . .

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FEDERAL GRANTS	377	409,777			
BENNINGTON GRANT	417	8,693,028			
BROCKWAY SCHOLARSHIP	251	3,086,600			
BENNINGTON SCHOLARSHIP	14	320,290			
OTHER GRANTS	11	34,066			

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

<b>Ident if ier</b>	Return Reference	Explanation
MONITOR THE USE OF GRANT FUNDS IN THE US		BENNINGTON MONITORS THE USE OF FUNDS THROUGH THE ANALYSIS OF TRANSCRIPTS, GRADES AND WRITTEN NARRATIVES BY BOTH FACULTY AND STUDENTS PROGRESS IS MONITORED AND CREDITS ARE REVIEWED/ASSIGNED

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

DLN: 93493132028771

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number** 

BENNINGTON COLLEGE CORPORATION 03-0179414 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(,, (,,,,,,,,			(= )	··· , · · ··· , · · · · , · · · ·			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	e (ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
ELIZABETH COLEMAN	(I) (II)	383,306 0	0 0	0 0	19,160 0		417,166 0	0
WILLIAM P MORGAN	(I) (II)	156,423 0	0	0	11,631 0	0	168,054 0	0
PAIGE BARTELS	(I) (II)	150,750 0	0	0	10,275 0		161,025 0	0
ELISSA TENNY	(I) (II)	167,656 0	0	0	11,476 0		179,132 0	0
JOAN GOODRICH	(I) (II)	147,088 0	0	0	9,369 0	l .	156,457 0	0
								•

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
BENEFITS	1 A	AS A SMALL, RESIDENTIAL UNDERGRADUATE COLLEGE, BENNINGTON'S PRESIDENT IS REQUIRED TO LIVE AT THE COLLEGE IN ADDITION TO SERVING AS THE PRESIDENT'S RESIDENCE, THE PRESIDENT'S HOUSE IS USED FOR NUMEROUS PRESIDENTIAL-LED ACTIVITIES INCLUDING TRUSTEE, FACULTY, STAFF, STUDENT AND ALUMNI MEETINGS, RECEPTIONS AND EVENTS THE HOUSING ALLOWANCE IS A NON-TAXABLE BENEFIT PROVIDED TO THE PRESIDENT AND IT IS REPORTED ON SCHEDULE 1, PART II

Schedule J (Form 990) 2009

DLN: 93493132028771

OMB No 1545-0047

Open to Public

**Inspection** 

### **Supplemental Information on Tax Exempt Bonds**

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

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

03-0179414

Internal Revenue Service	
Name of the organization	
RENNINGTON COLLEGE CORPORATION	

										03-017	/9414			
P	art I Bond Issues			1	Т			1			T			
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Dat	e Issued	(e) Issu	ie Price	(f) Des	cription of F	Purpose	urpose (g) Defea		(h) efeased Beha Iss	
											Yes	No	Yes	No
A	VT EDUCATIONAL & HEALTH BUILDINGS FINANCE AUTH	23-7154467		11-03	3-2006	3,	,000,000	CONSTRUC	CONSTRUCTION OF FACILITY			х		x
В	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-16	5-2008	10	,000,000	SEE SCHED	ULE O			х		х
c	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-31	1-2008	10	,000,000	CONSTRUC	CONSTRUCTION OF FACILITY			х		х
D	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		05-06	5-2009	8,	,150,000	CONSTRUCTION OF FACILITY		ACILITY		х		х
Pa	art III Proceeds													
					A	I	В		С	D			E	
1	1 Total proceeds of issue			3,128,819	8,819 10,000,000		0 10,133,758		8,221,888		8			
2	Gross proceeds in reserve funds				0	0		0	0			0		
3	Proceeds in refunding or defeasa	nce escrows		0			0		0 0			0		
4	Other unspent proceeds			0				0 2,526,318		8,096,888		8		
5	Issuance costs from proceeds			35,480		190,00		150,000		125,000		0		
6	Working capital expenditures from	m proceeds			0		(	0 0			0			
7	Capital expenditures from procee	eds			3,093,339		9,810,000	0	7,457,440			0		
8	Year of substantial completion			20	08	20	09	20	10	201	. 1			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is:	sue?		Х		Х		Х		Х			
10	Were the bonds issued as part of	an advance refunding	ıssue?		Х	Х			Х		Х			
11			Х		Х			Х		Х				
12				Х		Х		х		х				
Pa	rt IIII Private Business Use	)	<u>'</u>			_								
					A		В		Ç	D			E	
ı				Vec	No.	Vec.	No.	Vec	No.	Vec	No	Va	.	No

		A		В		С		D			E
		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		x		x		Х		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		х		X		X		Х		

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			A	E	3	С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		х		х		Х		х		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		х		х		×		Х		
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х	x x		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 %	% 0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %	0 %			0 %		0 %		
6	Total of lines 4 and 5	0 %			0 %	0 %		0			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	×		Х		Х		х			
	Aulitus as										

Part IV Arbitrage

		А		E	3		С	1	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		x		x		×		
2	Is the bond issue a variable rate issue?		Х	х		×		Х			
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х	х		х		Х			
b	Name of provider	TD BANK NA	1	TD BANK N	A	TD BANK N	A				•
С С	Term of hedge		20 1		20 1		20		19 7		
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		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?										
5	Were any gross proceeds invested beyond an available temporary period?		Х		х		х		х		
6	Did the bond issue qualify for an exception to rebate?	х		Х			х		х		
									Cabadul	o V /Form 00/	0) 2000

#### OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

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

**NonCash Contributions** 

Internal Revenue Service Name of the organization **Employer identification number** BENNINGTON COLLEGE CORPORATION

					03-0179414			
Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d rever	letermi	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock $\cdot$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous	Х	7	1,105,377	FMV			
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							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	Other ► () Other ► ( )							
29	Number of Forms 8283 received	by the ora	anization during the tay was	r for contributions				
	for which the organization compl				29		I	0
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		Yes	No
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangeme					-		
31	Does the organization have a gif	t acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

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

Ident if ier	Return Reference	Explanation
USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS	PART I, LINE 32A	OUTRIGHT GIFTS -PUBLICLY TRADED SECURITIES THE COLLEGE SHALL ACCEPT SECURITIES THAT ARE TRADED ON A PUBLICLY RECOGNIZED STOCK EXCHANGE THE PREFERRED METHOD OF ACCEPTING GIFTS OF SECURITIES IS TO HAVE THE DONOR TRANSFER THEM TO OUR ACCOUNT AT MORGAN STANLEY DEAN WITTER IN BURLINGTON, VERMONT THE COLLEGE HAS STANDING INSTRUCTIONS TO SELL SECURITIES IMMEDIATELY UPON RECEIPT, UNLESS THE VALUE IS GREATER THAN \$50,000 DONATIONS OF \$50,000 AND GREATER ARE REVIEWED BY THE EVP/CFO ON A CASE-BY-CASE BASIS PUBLICLY TRADED SECURITIES WILL BE VALUED AT AN AVERAGE OF THE HIGH AND LOW SALE PRICE ON THE DATE THE SECURITY IS TRANSFERRED INTO THE COLLEGE'S NAME OR BROKERAGE ACCOUNT THE DONOR IS RESPONSIBLE FOR DETERMINING THE GIFT'S COST BASIS AND VALUE CONSULTING WITH A PERSONAL FINANCIAL ADVISER AND/OR TAX CONSULTANT IS RECOMMENDED

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 03-0179414

Name: BENNINGTON COLLEGE CORPORATION

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

**SCHEDULE O** (Form 990)

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

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

Attach to Form 990.

OMB No 1545-0047

DLN: 93493132028771

Open to Rublic

Open to Public Inspection

Name of the organization BENNINGTON COLLEGE CORPORATION Employer identification number

03-0179414

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	PART III, LINE 1	THE MEN AND WOMEN WHO BROUGHT BENNINGTON COLLEGE INTO BEING SOUGHT TO CREATE A COLLEGE THAT WOULD EMPHASIZE "THE INDIVIDUAL STUDENT AND HER DEVELOPING INTERESTS," LEARNING "BY ACTIVITY AND LIVING," A COMMUNITY LIFE DESIGNED TO "BREAK DOWN ARTIFICIAL BARRIERS BETWEEN TEACHER AND STUDENT AND BETWEEN CURRICULUM AND EXTRA CURRICULUM," AND "A CONSCIOUS ELASTICITY IN EDUCATIONAL PLANS "THE PRINCIPLE OF LEARNING BY PRACTICE AND THE EMPHASIS ON THE INDIVIDUAL UNDERLIE EVERY MAJOR FEATURE OF A BENNINGTON EDUCATION THE CLOSE WORKING RELATIONSHIP BETWEEN STUDENT AND TEACHER, THE INSISTENCE ON SELF-DETERMINATION, THE COMMITMENT TO LEARNING ACROSS THE DISCIPLINES, AND THE FIELD WORK TERM, WHICH GIVES STUDENTS WORK EXPERIENCE AND CONNECTS THEM TO THE GREATER COMMUNITY THE PLAN PROCESS, THROUGH WHICH STUDENTS DESIGN THEIR ACADEMIC EXPERIENCES AND NAVIGATE THEIR BENNINGTON CAREERS, EMBODIES THE COLLEGE'S MISSION ALSO KEY TO BENNINGTON'S PHILOSOPHY IS THE CONVICTION THAT A COLLEGE EDUCATION SHOULD NOT MERELY PROVIDE PREPARATION FOR GRADUATE SCHOOL OR A CAREER, BUT SHOULD BE AN EXPERIENCE VALUABLE IN ITSELF AND THE MODEL FOR A LIFELONG HABIT OF LEARNING IN THE 1930S THE COLLEGE'S FIRST PRESIDENT, ROBERT DEVORE LEIGH, DEVELOPED A STATEMENT DESCRIBING BENNINGTON'S GUIDING IDEALS THIS STATEMENT-WHICH WAS READ AT THE FIRST COMMENCEMENT IN 1936 AND HAS BEEN PART OF EVERY COMMENCEMENT SINCE-CONTINUES TO EXPRESS THE COLLEGE'S MISSION AND PURPOSES

ldentifier	Return Reference	Explanation
COMMENCEMENT STATEMENT	BENNINGTON REGARDS EDUCATION AS A SENSUAL AND ETHICAL, NO LESS THAN AN	INTELLECTUAL, PROCESS IT SEEKS TO LIBERATE AND NURTURE THE INDIVIDUALITY, THE CREATIVE INTELLIGENCE, AND THE ETHICAL AND AESTHETIC SENSIBILITY OF ITS STUDENTS, TO THE END THAT THEIR RICHLY VARIED NATURAL ENDOWMENTS WILL BE DIRECTED TOWARD SELF-FULFILLMENT AND TOWARD CONSTRUCTIVE SOCIAL PURPOSES WE BELIEVE THAT THESE EDUCATIONAL GOALS ARE BEST SERVED BY DEMANDING OF OUR STUDENTS' ACTIVE PARTICIPATION IN THE PLANNING OF THEIR OWN PROGRAMS, AND IN THE REGULATION OF THEIR OWN LIVES ON CAMPUS STUDENT FREEDOM IS NOT THE ABSENCE OF RESTRAINT, HOWEVER, IT IS RATHER THE FULLEST POSSIBLE SUBSTITUTION OF HABITS OF SELF-RESTRAINT FOR RESTRAINT IMPOSED BY OTHERS THE EXERCISE OF STUDENT FREEDOM IS THE VERY CONDITION OF A MEANINGFUL EDUCATION, AND AN ESSENTIAL ASPECT OF THE NURTURE OF FREE CITIZENS, DEDICATED TO CIVILIZED VALUES AND CAPABLE OF CREATIVE AND CONSTRUCTIVE MEMBERSHIP IN MODERN SOCIETY

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	BENNINGTON'S CENTER FOR THE ADVANCEMENT OF PUBLIC ACTION, WHICH OPENED IN 2011, IS THE LATEST EXPRESSION OF THE COLLEGE'S COMMITMENT TO ENGAGING THE WORLD BY EMBEDDING IN THE CURRICULUM AN ONGOING DYNAMIC BETWEEN PUBLIC RESPONSIBILITIES AND PRIVATE AMBITIONS, BENNINGTON AIMS TO INCREASE THE ODDS THAT ITS GRADUATES ARE COMMITTED TO, AND CAPABLE OF, EFFECTIVE ACTION IN THE WORLD BENNINGTON STUDENTS DRAW ON THE FULL BREADTH OF THE COLLEGE'S CURRICULUM-WHICH OFFERS PROGRAMS IN THE HUMANITIES, NATURAL SCIENCES, MATHEMATICS, SOCIAL SCIENCES, AND VISUAL AND PERFORMING ARTS-TO DESIGN INDIVIDUAL COURSES OF STUDY THAT ARE UNIFIED AND FUELED BY THEIR INTELLECT AND IMAGINATION, GUIDED BY THEIR FACULTY, AND SHAPED BY THEIR EXPERIENCE WORKING IN THE WORLD EACH YEAR THE COLLEGE'S 668 UNDERGRADUATES HAIL FROM 31 COUNTRIES AND 42 STATES, AND THEY HAVE SPENT FIELD WORK TERM ON 6 OUT OF 7 CONTINENTS

ldentifier	Return Reference	Explanation
FORM 990	PART VI,	THE FINANCE & AUDIT COMMITTEE OF THE BOARD OF TRUSTEES RECEIVES A DRAFT OF THE FORM 990
REVIEW	SECTION B, LINE	FOR THEIR REVIEW AND COMMENTS AFTER ALL COMMENTS AND QUESTIONS FROM THE FINANCE &
PROCESS	11A	AUDIT COMMITTEE WERE ADDRESSED, ANY CHANGES OR CORRECTIONS WERE MADE PRIOR TO
		SUBMISSION OF THE FINAL FORM 990

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	PART VI, SECTION B, LINE 12C	1 TRUSTEES, OFFICERS AND KEY EMPLOYEES OF BENNINGTON COLLEGE SHALL AVOID PLACING THEMSELVES IN POSITIONS IN WHICH THERE MAY BE CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THEIR DUTIES TO BENNINGTON 2. A CONFLICT OF INTEREST EXISTS WHEN THERE IS THE POTENTIAL THAT A TRUSTEE, OFFICER, OR KEY EMPLOYEE MAY OBTAIN A DIRECT OR INDIRECT PECUNIARY OR OTHER PERSONAL BENEFIT, OR ANY OTHER IMPROPER GAIN OR ADVANTAGE, AT THE EXPENSE OF THE INTERESTS OF THE COLLEGE, OR WHEN A TRUSTEE, OFFICER, OR KEY EMPLOYEE OF THE COLLEGE ACCEPTS A GIFT OR OTHER FAVOR UNDER CIRCUMSTANCES FROM WHICH IT MIGHT BE INFERRED THAT SUCH GIFTS WERE INTENDED TO INFLUENCE THE PERFORMANCE OF DUTIES FOR THE COLLEGE 3 INDIVIDUALS COVERED BY THIS POLICY HAVE A DUTY TO VOLUNTARILY SELF-DISCLOSE TO THE CHAIR OF THE BOARD OF TRUSTEES (UNLESS THE DISCLOSURE IS BY THE CHAIR, IN WHICH EVENT IT SHALL BE MADE TO THE VICE CHAIR) ANY POTENTIAL CONFLICT OF INTEREST (1) PRIOR TO ASSUMING THEIR RESPONSIBILITIES, AND (2) AT THE TIME ANY POTENTIAL CONFLICT ARISES IN THE CASE OF DISCLOSURE BY A KEY EMPLOYEE UNRELATED TO THE PROCEEDINGS OF THE BOARD OF TRUSTEES, THE DISCLOSURE SHALL BE MADE TO THE PRESIDENT 4 EACH PROPOSED TRANSACTION IN WHICH IS IT DISCLOSURE BY A KEY EMPLOYEE UNRELATED TO THE PRESIDENT THAT A TRUSTEE, OFFICER, OR KEY EMPLOYEE MAY HAVE A CONFLICT OF INTEREST SHALL BE SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR SUCH ACTION AS THE EXECUTIVE COMMITTEE MAY DETERMINE AND REPORTED TO THE BOARD OF TRUSTEES FOR SUCH ACTION AS THE EXECUTIVE COMMITTEE AND DETERMINE AND REPORTED TO THE BOARD OF TRUSTEES FOR SUCH ACTION AS THE EXECUTIVE COMMITTEE AND DETERMINE AND REPORTED TO THE BOARD OF TRUSTEES FOR SUCH ACTION AS THE EXECUTIVE COMMITTEE THAT INDIVIDUAL IS PERSONAL INFLUENCE ON ANY MATTER WITH RESPECT TO WHICH THE INDIVIDUAL BELIEVES HIM OR HERSELF TO HAVE A CONFLICT OF INTEREST, OR WITH RESPECT TO WHICH THE INDIVIDUAL BELIEVES HIM OR HERSELF TO HAVE A CONFLICT OF INTEREST, OR WITH RESPECT TO WHICH THE EXECUTIVE COMMITTEE HAS DETERMINED P

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	PART VI, SECTION B, LINE 15	THE CHAIR OF THE BOARD OF TRUSTEES MEETS ANNUALLY WITH SELECTED BOARD MEMBERS TO REVIEW THE COMPENSATION OF THE COLLEGE'S PRESIDENT AFTER EVALUATING THE PRESIDENT'S PERFORMANCE AND REVIEWING DATA FROM OTHER PERTINENT INSTITUTIONS, THE COMMITTEE DETERMINES COMPENSATION FOR THE SUBSEQUENT FISCAL YEAR THE CHAIR OF THE BOARD THEN INFORMS THE COLLEGE'S CFO IN WRITING OF THE BOARD'S DETERMINATION

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990, GOVERNING DOCUMENTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO POSTED ON WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
TAX-EXEMPT BONDS	SCHEDULE K, PART	BOND ISSUE B, COLUMN F - CONSTRUCTION OF FACILITY AND REFUNDING OF PRIOR BOND ISSUE (10/21/99)

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

**SCHEDULE R** 

(Form 990)

DLN: 93493132028771

OMB No 1545-0047

Open to Public Inspection

### **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** BENNINGTON COLLEGE CORPORATION 03-0179414 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) 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.) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

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

	The same of the sa												
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?  Yes No		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partr	al or ging		
							Yes	No		Yes	No		
		1											
1.													
Down TV Indontific	- 1' C D-1-1-1		- 1' T 1-1	6	T -1/6	C 11 1		1 1137					

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT05201 03-0287721	DINING SERVICE	VT	NA	С	-1,124	18,748	100 000 %
							_

Part	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 34, 35, or 36.)							
No	ote. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No				
<b>1</b> Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	,							
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No				
<b>b</b> G	ıft, grant, or capıtal contribution to other organization(s)		1b		No				
<b>c</b> G	ft, grant, or capital contribution from other organization(s)		1c		No				
d L	pans or loan guarantees to or for other organization(s)		1d		No				
e Lo	pans or loan guarantees by other organization(s)		1e		No				
f Sa	ale of assets to other organization(s)		1f		No				
<b>g</b> P	urchase of assets from other organization(s)		<b>1</b> g		No				
h E	xchange of assets		1h		No				
i Le	ase of facilities, equipment, or other assets to other organization(s)		<b>1</b> i		No				
j Le	ase of facilities, equipment, or other assets from other organization(s)		1j		No				
<b>k</b> P	erformance of services or membership or fundraising solicitations for other organization(s)		1k		No				
l Pe	Performance of services or membership or fundraising solicitations by other organization(s)								
m SI	m Sharing of facilities, equipment, mailing lists, or other assets								
n S	haring of paid employees		1n		No				
o R	eimbursement paid to other organization for expenses		10		No				
<b>p</b> R	eimbursement paid by other organization for expenses		<b>1</b> p		No				
<b>q</b> 0	ther transfer of cash or property to other organization(s)		<b>1</b> q	Yes					
r O	ther transfer of cash or property from other organization(s)		1r		No				
	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	holds						
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)		(c) it involv	ed				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(c) gal domicile te or foreign country)  (d) Are all partners section 501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	h) eral or aging tner?	
			Yes	No		Yes	No		Yes	No	
										+	
										t	
										L	
										+	
										t	
										L	
										-	
										t	
										T	
										_	