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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BARD COLLEGE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite ANNANDALE ROAD City or town, state or country, and ZIP + 4 ANNANDALE ON HUDSON, NY 12504	D Employer identification number 14-1713034
		E Telephone number (845) 758-6822
		G Gross receipts \$ 249,543,793.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. (see instructions))
		F Name and address of principal officer: LEON BOTSTEIN ANNANDALE ROAD ANNANDALE ON HUDSON, NY 12504
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.BARD.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>		
L Year of formation 1860 M State of legal domicile NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities BARD SEEKS TO PROVIDE A CHALLENGING ACADEMIC PROGRAM AND A SUPPORTIVE ENVIRONMENT THAT FOSTERS A COLLABORATIVE INTERCHANGE OF IDEAS IN THE CLASSROOM AS WELL AS AMBITION TO ACHIEVE EXCELLENCE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5	Total number of employees (Part V, line 2a)	5	3,413
	6	Total number of volunteers (estimate if necessary)	6	177
Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,295.
	b	Net unrelated business taxable income from Form 990-E, line 34	7b	45.
	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11	Other revenue (Part VIII, column (A), lines 5-6d, 8e-9e, 10e, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses, Part IX, column (D), line 25		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses Subtract line 18 from line 12		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: **Kevin Parker** Signature of officer Date: **5/12/11**

KEVIN PARKER / CONTROLLER Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. *

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission.

BARD SEEKS TO PROVIDE A CHALLENGING ACADEMIC PROGRAM; A SUPPORTIVE ENVIRONMENT THAT FOSTERS A COLLABORATIVE INTERCHANGE OF IDEAS IN THE CLASSROOM AS WELL AS AMBITION TO ACHIEVE EXCELLENCE. *SEE SCHEDULE O*

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 162,516,370 including grants of \$ 40,049,888) (Revenue \$ 120,662,898)

BARD IS A FOUR-YEAR RESIDENTIAL COLLEGE OF THE LIBERAL ARTS AND SCIENCES. THE CAMPUS, A FUSION OF TWO HISTORIC RIVERFRONT ESTATES, IS LOCATED IN THE HUDSON VALLEY. THE COLLEGE OFFERS THE BACHELOR OF ARTS DEGREE WITH CONCENTRATIONS IN MORE THAN 40 ACADEMIC PROGRAMS IN FOUR DIVISIONS: ARTS; LANGUAGES AND LITERATURE; SCIENCE, MATHEMATICS, AND COMPUTING; AND SOCIAL STUDIES. IN ADDITION, THE BAR COLLEGE CONSERVATORY OF MUSIC OFFERS A DUAL-DEGREE PROGRAM IN WHICH STUDENTS EARN BOTH A BACHELOR'S DEGREE IN MUSIC AND A B.A. IN ANOTHER FIELD IN THE LIBERAL ARTS OR SCIENCES. *SEE SCHEDULE O*

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 162,516,370.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X
5 Sections 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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
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	X
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 X	
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 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	X
12 A Was the organization included in consolidated, independent audited financial statement for the tax year?	Yes No	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
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 X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
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 X	
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 X	
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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.	X	
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.	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a 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		X
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		X
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		X
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		X
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)		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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		X
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		X
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS 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	1a	894
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	2a	3,413
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	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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	X
b If "Yes," enter the name of the foreign country <u>RUSSIA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 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	X
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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	30	
1b	Enter the number of voting members that are independent	29	
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a		X
10b		
11	X	
11A		
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MA, NY,**

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KEVIN PARKER, ANNANDALE ROAD ANNANDALE ON HUDSON, NY 12504**
845-758-7511

Part VII 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. 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, and 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 not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FIONA ANGELINI TRUSTEE	1.00	X						0.	0.	0.
DAVID C CLAPP TRUSTEE	1.00	X						0.	0.	0.
MARCELLE CLEMENTS TRUSTEE	1.00	X						0.	0.	0.
ASHER B EDELMAN TRUSTEE	1.00	X						0.	0.	0.
ROBERT S EPSTEIN TRUSTEE	1.00	X						0.	0.	0.
BARBARA S GROSSMAN TRUSTEE	1.00	X						0.	0.	0.
SALLY HAMBRECHT TRUSTEE	1.00	X						0.	0.	0.
MARIELOUISE HESSEL TRUSTEE	1.00	X						0.	0.	0.
CHARLES S JOHNSON III TRUSTEE	1.00	X						0.	0.	0.
MARK N KAPLAN TRUSTEE	1.00	X						0.	0.	0.
GEORGE A KELLNER TRUSTEE	1.00	X						0.	0.	0.
CYNTHIA HIRSCH LEVY TRUSTEE	1.00	X						0.	0.	0.
MURRAY LIEBOWITZ TRUSTEE	1.00	X						0.	0.	0.
MARC S LIPSCHULTZ TRUSTEE	1.00	X						0.	0.	0.
PETER H MAGUIRE TRUSTEE	1.00	X						0.	0.	0.
JAMES H OTTAWAY, JR TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARTIN PERETZ TRUSTEE	1.00	X						0.	0.	0.
BRUCE C RATNER TRUSTEE	1.00	X						0.	0.	0.
STANLEY A REICHEL TRUSTEE	1.00	X						0.	0.	0.
STEWART RESNICK TRUSTEE	1.00	X						0.	0.	0.
ROGER N SCOTLAND TRUSTEE	1.00	X						0.	0.	0.
MARTIN T SOSNOFF TRUSTEE	1.00	X						0.	0.	0.
SUSAN WEBER TRUSTEE	1.00	X						0.	0.	0.
PATRICIA ROSS WEIS TRUSTEE	1.00	X						0.	0.	0.
LEON BOTSTEIN PRESIDENT	60.00	X		X				334,740.	0.	102,875.
ROLAND J AUGUSTINE TREASURER	1.00	X		X				0.	0.	0.
ELIZABETH ELY SECRETARY	1.00	X		X				0.	0.	0.
EMILY H FISHER VICE CHAIR	1.00	X		X				0.	0.	0.
DAVID E SCHWAB II CHAIR EMERITUS	1.00	X		X				0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								2,260,166.	0.	543,865.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **85**

- 3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

Part VIII Statement of Revenue

14-1713034

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	540,806		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	2,309,500		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,525,119		
	g	Noncash contributions included in lines 1a-1f		\$ 5,481,874		
	h	Total. Add lines 1a-1f		56,375,425		
Program Service Revenue			Business Code			
	2a	TUITION & FEES	611710	98,469,207	98,469,207	
	b	ROOM CHARGES	721310	10,716,936	10,716,936	
	c	BOARD CHARGES	721310	9,769,225	9,769,225	
	d	OTHER CHARGES	900099	1,229,537	1,229,537	
	e	ATHLETIC CENTER CHARGES	611710	551,532	551,532	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		120,736,437		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		228,685		227,390
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
			(i) Real	(ii) Personal		
	6a	Gross Rents	0	0		
	b	Less rental expenses				
	c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)		0		
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory	68,998,464	0		
	b	Less cost or other basis and sales expenses	67,666,015			
	c	Gain or (loss)	1,332,449	0		
	d	Net gain or (loss)		1,332,449		1,332,449
	8a	Gross income from fundraising events (not including \$ 540,806 of contributions reported on line 1c) See Part IV, line 18	a	171,079		
	b	Less direct expenses	b	244,618		
	c	Net income or (loss) from fundraising events		-73,539	-73,539	
	9a	Gross income from gaming activities See Part IV, line 19	a	0		
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities		0		
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a	STUDENT FINES AND MISC CHARGES	900099	759,630		759,630	
b	TICKET SALES FOR PERFORMANCE	900099	733,400		733,400	
c	STUDENT CLUB ACTIVITIES	900099	678,142		678,142	
d	All other revenue	900099	862,531		862,531	
e	Total. Add lines 11a-11d		3,033,703			
12	Total Revenue. See instructions		181,633,160	120,662,898	1,295	4,593,542

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	300,000.	300,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	39,255,249.	39,255,249.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	494,639.	494,639.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,258,186.	1,128,566.	962,937.	166,683.
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	58,751,281.	47,260,969.	10,143,538.	1,346,774.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	4,545,169.	3,688,925.	760,411.	95,833.
9 Other employee benefits	9,621,979.	7,693,083.	1,678,490.	250,406.
10 Payroll taxes	4,247,641.	3,451,822.	704,337.	91,482.
11 Fees for services (non-employees)	0.			
a Management	235,202.		235,202.	
b Legal	143,334.		143,334.	
c Accounting	0.			
d Lobbying	304,001.			304,001.
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	3,065,304.	2,276,833.	764,508.	23,963.
g Other	1,446,418.	1,199,904.	124,027.	122,487.
12 Advertising and promotion	12,415,713.	9,580,723.	2,501,388.	333,602.
13 Office expenses	617,014.	349,143.	267,871.	
14 Information technology	0.			
15 Royalties	10,211,021.	9,213,190.	986,196.	11,635.
16 Occupancy	3,409,270.	2,846,716.	93,869.	468,685.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	77,987.	67,687.	10,054.	246.
20 Interest	7,751,690.	7,658,638.	89,930.	3,122.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	9,857,047.	9,710,930.	136,832.	9,285.
23 Insurance	609,787.	168,776.	441,011.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>PERFORMANCE ART CENTER</u>	4,843,519.	4,843,519.		
b <u>FOOD SERVICE</u>	5,325,578.	5,311,807.	13,038.	733.
c <u>OTHER</u>	7,358,649.	6,015,251.	1,271,646.	71,752.
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	187,145,678.	162,516,370.	21,328,619.	3,300,689.
26 Joint Costs. Check here <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,181,283.	1	459,250.
	2 Savings and temporary cash investments	3,412,911.	2	0.
	3 Pledges and grants receivable, net	35,762,587.	3	47,293,782.
	4 Accounts receivable, net	6,148,806.	4	3,731,514.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		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 Schedule L		6	
	7 Notes and loans receivable, net	3,228,599.	7	3,339,164.
	8 Inventories for sale or use	234,477.	8	0.
	9 Prepaid expenses and deferred charges	2,801,006.	9	3,522,155.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 368,390,233.		
	b Less accumulated depreciation	10b 100,981,476.		
	11 Investments - publicly traded securities	64,680,390.	11	37,352,208.
	12 Investments - other securities. See Part IV, line 11	157,754,463.	12	38,206,623.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,265,243.	15	159,226,717.
16 Total assets. Add lines 1 through 15 (must equal line 34)	558,426,019.	16	560,540,170.	
Liabilities	17 Accounts payable and accrued expenses	6,903,865.	17	7,892,224.
	18 Grants payable		18	
	19 Deferred revenue	20,552,844.	19	22,955,048.
	20 Tax-exempt bond liabilities	140,800,000.	20	140,800,000.
	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 persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	38,072,347.	23	32,784,027.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,642,136.	25	1,651,811.
	26 Total liabilities. Add lines 17 through 25	207,971,192.	26	206,083,110.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,748,266.	27	84,141,803.
	28 Temporarily restricted net assets	165,501,795.	28	169,588,520.
	29 Permanently restricted net assets	101,204,766.	29	100,726,737.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	350,454,827.	33	354,457,060.
	34 Total liabilities and net assets/fund balances	558,426,019.	34	560,540,170.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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 ☒ Consolidated basis ☐ Both consolidated and 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

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

Part IV **Supplemental Information.** Complete this part to provide the 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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BARD COLLEGE

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

14-1713034

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ 133,000.

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2009

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

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

- a ☒ Public exhibition d ☐ Loan or exchange programs
 b ☒ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	197,048,101	195,438,442			
b Contributions	2,697,827	7,960,100			
c Net investment earnings, gains, and losses	12,956,803	2,619,401			
d Grants or scholarships					
e Other expenditures for facilities and programs	6,421,035	8,851,549			
f Administrative expenses		118,293			
g End of year balance	206,281,696	197,048,101			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 3.9200 %
 b Permanent endowment ▶ 96.0800 %
 c Term endowment ▶ 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		X

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		565,439		565,439
b Buildings		334,068,083	77,511,926	256,556,157
c Leasehold improvements				
d Equipment		19,603,140	14,995,068	4,608,072
e Other		14,153,571	8,474,482	5,679,089
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).				267,408,757

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (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 EQUITY SECURITIES	38,206,623.	FMV
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	38,206,623.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
BARD ENDOWMENT	147,285,623.
DEPOSITS WITH BOND TRUSTEES	4,180,172.
DEFERRED FINANCING COSTS	7,760,922.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	159,226,717.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
REFUNDABLE US GOV'T STUDENT LOANS	1,651,811.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,651,811.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	181,633,160.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	187,145,678.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,512,518.
4	Net unrealized gains (losses) on investments	4	5,478,983.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	6,535,768.
9	Total adjustments (net). Add lines 4 through 8	9	12,014,751.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	6,502,233.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	193,892,529.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	5,478,983.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	6,535,768.
e	Add lines 2a through 2d	2e	12,014,751.
3	Subtract line 2e from line 1	3	181,877,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-244,618.
c	Add lines 4a and 4b	4c	-244,618.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	181,633,160.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	187,390,296.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	244,618.
e	Add lines 2a through 2d	2e	244,618.
3	Subtract line 2e from line 1	3	187,145,678.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	187,145,678.

Part 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 X, line 2, 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ORGANIZATION'S COLLECTIONS OF ART, HISTORICAL TREASURES, OR SIMILAR ASSETS

PART III, LINE 4

THE AVAILABILITY OF THE COLLECTIONS ALLOWS BARD COLLEGE TO INCREASE ITS EFFECTIVENESS AND OFFERINGS IN THE INSTRUCTION OF ART HISTORY, AS WELL AS GENERAL LIBERAL ARTS STUDIES. THE COLLECTIONS OF ARTWORK WERE DONATED TO BARD COLLEGE.

ENDOWMENT FUNDS

PART V, LINES 1A, 3A(I) AND LINE 4

LINE 1

VARIOUS PRIOR PERIOD ADJUSTMENTS OF ENDOWMENT FUNDS WERE MADE BY THE NEW AUDITORS. TO ACCOUNT FOR THE CORRECTED END OF PRIOR YEAR BALANCE, THE 2008 BEGINNING OF THE YEAR BALANCE WAS ADJUSTED.

LINE 3A(I)

DURING 1996, THE COLLEGE RECEIVED AN INITIAL GIFT FROM A DONOR THAT ESTABLISHED THE "BARD ENDOWMENT" WITH THE IRIS FOUNDATION. THE INITIAL AND SUBSEQUENT GIFTS WERE IN THE FORM OF SHARES IN A PRIVATELY OWNED HEDGE FUND, AND ARE HELD BY THE IRIS FOUNDATION FOR SOLE BENEFIT OF THE COLLEGE TO BE USED FOR ITS GRADUATE PROGRAM IN THE DECORATIVE ARTS (BGC).

SINCE THE INITIAL GIFT IN 1996, THERE HAVE BEEN SEVERAL AGREEMENTS IN PLACE UNDER WHICH THE BARD ENDOWMENT HAS BEEN GOVERNED, THE LATEST OF

Part XIV Supplemental Information (continued)

WHICH IS DATE OCTOBER 6, 2004. UNDER THE TERMS OF THE AFOREMENTIONED AGREEMENT, THE IRIS FOUNDATION MUST HOLD THE ASSETS AND RELATED INCOME AND APPRECIATION IN A SEPARATE ENDOWMENT FUND FOR THE BENEFIT OF THE BGC. THE TRUSTEES OF THE IRIS FOUNDATION RETAIN SOLE DISCRETION TO DETERMINE THE INVESTMENT FUNDS OF THE ENDOWMENT AT ALL TIMES. THE COLLEGE HAS THE RIGHT TO REQUEST ANY PART OR ALL OF THE BARD ENDOWMENT SUBSEQUENT TO STATED CONDITIONS IN THE AGREEMENT.

LINE 4

BARD COLLEGE USES ENDOWMENT FUNDS TO SUPPORT SCHOLARSHIPS, FACULTY SALARIES, AND OTHER PROGRAMS IN WHICH THE ENDOWMENTS HAVE SPECIFIED USES. IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE ENDOWMENT FUNDS, THE COLLEGE ACTS IN GOOD FAITH, WITH THE CARE THAT AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE UNDER SIMILAR CIRCUMSTANCES.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 8

CHANGE IN BARD ENDOWMENT	6,535,768
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Part XIV Supplemental Information (continued)

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN

PART XII, LINE 2D

CHANGE IN BARD ENDOWMENT 6,535,768

OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS

PART XII, LINE 4B

RECLASS FUNDRAISING EXPENSE (244,618)

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN

PART XIII, LINE 2D

RECLASS FUNDRAISING EXPENSE 244,618

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

	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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Schedule O (Form 990) BARD COLLEGE MAKES ITS RACIALLY NONDISCRIMINATORY POLICY KNOWN THROUGH ALL FORMS OF MEDIA EMPLOYED TO SOLICIT STUDENTS AND SERVE ITS GENERAL CONSTITUENCY.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990 or 990-EZ) 2009

JSA
9E1273 2.000

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PAGE 28

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
RUSSIA/INDEPENDENT STATES	0	3	PROGRAM SERVICES	ACADEMIC SUPPORT	618,411.
RUSSIA/INDEPENDENT STATES	0	0	PROGRAM SERVICES	TEACHING SUPPORT	494,639
Totals	0	3			1,113,050

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

Schedule F (Form 990) 2009

Part IV Supplemental Information

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

MONITOR THE USE OF GRANT FUNDS OUTSIDE OF THE UNITED STATES

PART I, LINE 2

BARD COLLEGE RECEIVES A REQUEST FOR FUNDS FROM SMOLNY COLLEGE WITH

SPECIFIC LINE ITEM AMOUNTS FOR EACH EXPENDITURE. THAT REQUEST IS THEN

REVIEWED AND APPROVED BY THE DIRECTOR OF THE INSTITUTE OF INTERNATIONAL

LIBERAL EDUCATION OF BARD COLLEGE AND THE CONTROLLER TWICE PER YEAR. AN

INTERNATIONAL BOARD OF OVERSEERS MEET TO REVIEW AMONG OTHER THINGS, A

FINANCIAL REPORT FROM SMOLNY COLLEGE. SMOLNY COLLEGE IS A PART OF ST.

PETERSBURG UNIVERSITY, WHICH IS A PART OF THE STATE UNIVERSITY SYSTEM IN

RUSSIA.

BARD COLLEGE

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

**Open To Public
Inspection**

14-1713034

MA, NY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		CURATORIAL GALA (event type)	CONSERV. GALA (event type)	3 (total number)	(add col (a) through col (c))	
1	Gross receipts	237,570.	198,815.	275,500.	711,885.	
2	Less: Charitable contributions	165,004.	178,340.	197,462.	540,806.	
3	Gross income (line 1 minus line 2)	72,566.	20,475.	78,038.	171,079.	
Direct Expenses	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs					
	7 Food and beverages					
	8 Entertainment					
	9 Other direct expenses	68,859.	93,134.	82,625.	244,618.	
	10 Direct expense summary Add lines 4 through 9 in column (d)					(244,618.)
11	Net income summary Combine line 3, column (d), and line 10					-73,539.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through-col (c))	
1	Gross revenue					
Direct Expenses	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %		
7	Direct expense summary. Add lines 2 through 5 in column (d)					()
8	Net gaming income summary Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain. _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ _____		
	Address ▶ _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization \$_____ and the amount of gaming revenue retained by the third party \$_____		
c	If "Yes," enter name and address of the third party.		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

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.

Employer Identification number

14-1713034

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations | 0 |

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

Schedule I (Form 990) 2009

14-1713034

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
BARD UNDERGRADUATE	1,161	28,303,129.			
BARD GRADUATE	273	3,290,105.			
SIMON'S ROCK	362	7,662,015			

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

MONITOR THE USE OF GRANT FUNDS IN THE UNITED STATES

PART I, LINE 2

BARD COLLEGE REVIEWS ALL OF AMERICAN SYMPHONY ORCHESTRA'S EXPENDITURES

FOR WHICH ITS GRANTS ARE INTENDED.

ASSISTANCE FOR INDIVIDUAL STUDENTS IS PROVIDED THROUGH FEDERAL, STATE,

AND COLLEGE PROGRAMS; EXTERNAL AGENCIES AND BARD ADMINISTER THESE

PROGRAMS. TYPICALLY, FINANCIAL AID FUNDS ADMINISTERED BY THE COLLEGE ARE

AWARDED ON THE BASIS OF FINANCIAL NEED (AS DETERMINED BY THE FEDERAL

GOVERNMENT, THE COLLEGE SCHOLARSHIP SERVICE, AND BARD COLLEGE), ACADEMIC

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2009

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

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

Note. The sum of columns (B)(i)-(iii) 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-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
LEON BOTSTEIN	(i) 334,740.	(ii) 0.	(iii) 0.	(iv) 0.	78,816.	24,059.	437,615.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
DIMITRI PAPADIMITRIOU	(i) 275,592.	(ii) 0.	(iii) 0.	(iv) 0.	78,074.	18,013.	371,679.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
JAMES BRUDVIG	(i) 182,198.	(ii) 0.	(iii) 0.	(iv) 0.	18,340.	9,963.	210,501.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
MICHELE DOMINY	(i) 171,739.	(ii) 0.	(iii) 0.	(iv) 0.	17,508.	16,174.	205,421.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
MARY MARCY	(i) 170,407.	(ii) 0.	(iii) 0.	(iv) 0.	17,041.	19,662.	207,110.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
ROBERT MARTIN	(i) 124,987.	(ii) 0.	(iii) 0.	(iv) 0.	12,322.	15,314.	152,623.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
DEBRA PEMSTEIN	(i) 168,663.	(ii) 0.	(iii) 0.	(iv) 0.	17,749.	21,464.	207,876.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
THOMAS ECCLES	(i) 194,355.	(ii) 0.	(iii) 0.	(iv) 0.	20,052.	20,097.	234,504.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
ANN LAUTERBACH	(i) 149,661.	(ii) 0.	(iii) 0.	(iv) 0.	18,751.	15,655.	184,067.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
PETER MILLER	(i) 164,000.	(ii) 0.	(iii) 0.	(iv) 0.	15,033.	9,631.	188,664.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
JACOB NUESNER	(i) 164,537.	(ii) 0.	(iii) 0.	(iv) 0.	20,848.	15,929.	201,314.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
STEPHEN SHORE	(i) 159,287.	(ii) 0.	(iii) 0.	(iv) 0.	20,101.	23,269.	202,657.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	(iv) 0.	0.	0.	0.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	(iv) 0.	0.	0.	0.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.
	(i) 0.	(ii) 0.	(iii) 0.	(iv) 0.	0.	0.	0.	0.
	(ii) 0.	(iii) 0.	(iv) 0.	(v) 0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

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.

BENEFITS**PART I, LINE 1A**

THE PRESIDENT AND EXECUTIVE VICE PRESIDENT OF BARD COLLEGE ARE PROVIDED

HOUSING AND MAID SERVICE VALUED AT \$49,000 AND \$43,000 RESPECTIVELY. THE

VICE PRESIDENT OF ACADEMIC AFFAIRS IS ALSO PROVIDED HOUSING AND MAID

SERVICE VALUE AT \$18,500.

HOUSING IS PROVIDED TO THE PRESIDENT, EXECUTIVE VICE PRESIDENT, AND VICE

PRESIDENT OF ACADEMIC AFFAIRS TO HOST AND HOLD CAMPUS EVENTS. THE

CUSTODIAL SERVICE IS PROVIDED TO MAINTAIN THE HOUSING.

THESE AMOUNTS ARE NOT INCLUDED IN TAXABLE COMPENSATION.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A MASS DEVELOPMENT FINANCE AGENCY	04-3431814	57583RMK8	05/11/2007	3,952,817	FINANCE CONSTRUCTION		X		X
B DUTCHESS COUNTY INDUSTRIAL DEVELOPMENT AGENCY	14-1613685	267041GD7	05/11/2007	138,397,245	FINANCE CONSTRUCTION		X		X
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		3,952,817.		138,397,245.						
2 Gross proceeds in reserve funds		117,110.		3,997,225.						
3 Proceeds in refunding or defeasance escrows				93,743,784.						
4 Other unspent proceeds										
5 Issuance costs from proceeds		54,313.		2,549,176.						
6 Working capital expenditures from proceeds		3,781,394.								
7 Capital expenditures from proceeds				38,107,060.						
8 Year of substantial completion		2007		2009						
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?	X		X							
11 Has the final allocation of proceeds been made?		X								
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

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

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

Schedule K (Form 990) 2009

JSA

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Part III Private Business Use (Continued)

	A		B		C		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?		X		X						
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
c 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?	X		X							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0.0000%		0.0000%		%		%		%
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		0.0000%		0.0000%		%		%		%
6 Total of lines 4 and 5		0.0000%		0.0000%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

	A		B		C		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?		X		X						
2 Is the bond issue a variable rate issue?		X		X						
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X	X							
b Name of provider				CITIGROUP						
c Term of GIC				35.000						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			X							
5 Were any gross proceeds invested beyond an available temporary period?		X		X						
6 Did the bond issue qualify for an exception to rebate?	X		X							

Schedule K (Form 990) 2009

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

Part I Excess Benefit Transactions(section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
OURANIA ANTONOPOULOS-PAPADIMITRIOU	SPOUSE - D. PAPADIMITRIOU	78,378.	EMPLOYEE COMPENSATION		X
KATHERINE GOULD-MARTIN	SPOUSE - R. MARTIN	52,668.	EMPLOYEE COMPENSATION		X
MARTIN SOSNOFF	TRUSTEE	0.	SEE SCHEDULE O		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BARD COLLEGE

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open To Public
Inspection**

Employer identification number

14-1713034

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous	X	3	5,481,874.	FMV
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►()				
26 Other ►()				
27 Other ►()				
28 Other ►()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 10

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

	Yes	No
30a		X
31	X	
32a	X	

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

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

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

b If "Yes," describe in Part II

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

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Schedule M (Form 990) 2009

JSA

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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.

USE OF THIRD PARTY TO PROCESS NON-CASH CONTRIBUTIONS

PART I, LINE 32B

BARD COLLEGE'S INVESTMENTS ARE MANAGED BY VARIOUS BROKERAGES. ANY GIFTS
OF SECURITIES WOULD BE RECEIVED AND HELD OR SOLD BY ONE OF THESE
BROKERAGES.

**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

2009

**Open to Public
Inspection**

Name of the organization

BARD COLLEGE

Employer identification number

14-1713034

ATTACHMENT 1

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

SINCE ITS FOUNDING IN 1860, BARD COLLEGE HAS MAINTAINED A FIRM COMMITMENT TO A LIBERAL ARTS AND SCIENCES EDUCATION ALONG WITH A READINESS TO INNOVATE THAT HAS ENHANCED THE UNDERGRADUATE EXPERIENCE WITH COMPATIBLE INTELLECTUAL AND ARTISTIC VENTURES AT ITS HUDSON VALLEY CAMPUS AND AT AFFILIATED INSTITUTIONS AROUND THE WORLD. BARD SEEKS TO PROVIDE A CHALLENGING ACADEMIC PROGRAM; A SUPPORTIVE ENVIRONMENT THAT FOSTERS A COLLABORATIVE INTERCHANGE OF IDEAS IN THE CLASSROOM, STUDIO, AND LABORATORY AS WELL AS THE AMBITION TO ACHIEVE EXCELLENCE; AND ACCESS TO WORLD-CLASS SCHOLARSHIP AND RESEARCH.

CHOICE, FLEXIBILITY, AND RIGOR ARE THE HALLMARKS OF THE BARD EDUCATION, WHICH IS A TRANSFORMATIVE SYNTHESIS OF THE LIBERAL ARTS AND PROGRESSIVE EDUCATION TRADITIONS. BARD STUDENTS ARE EXPECTED TO SHAPE THE SUBJECT MATTER OF THEIR EDUCATION BY THE EXERCISE OF IMAGINATION AND INTELLECTUAL ENGAGEMENT. THE LIBERAL ARTS TRADITION AT BARD IS EVIDENT IN THE FIRST-YEAR SEMINAR, AND IN GENERAL COURSES THAT GROUND STUDENTS IN THE ESSENTIALS OF INQUIRY AND ANALYSIS AND PRESENT A SERIOUS ENCOUNTER WITH THE WORLD OF IDEAS. THE PROGRESSIVE TRADITION IS REFLECTED IN BARD'S TUTORIAL SYSTEM AND INTERDISCIPLINARY CURRICULUM, EMPHASIZING INDEPENDENT AND CREATIVE THOUGHT AND THE SKILLS REQUIRED TO EXPRESS THOSE THOUGHTS WITH POWER AND EFFECT.

Name of the organization BARD COLLEGE	Employer identification number 14-1713034
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ATTACHMENT 1 (CONT'D)

BARD'S EVOLVING CURRICULUM-RECENT CHANGES INCLUDE A GREATER EMPHASIS ON LABORATORY SCIENCE FOR THE NONSCIENTIST-AND ITS AFFILIATED INSTITUTES AND GRADUATE PROGRAMS EXPAND THE OPPORTUNITIES FOR UNDERGRADUATE STUDENTS TO WORK WITH LEADING SCHOLARS AND ARTISTS. FOR EXAMPLE, BARD STUDENTS ARE OFFERED SPECIALIZED STUDY WITH LEADING EXPERTS IN FOREIGN POLICY AT BARD'S GLOBALIZATION AND INTERNATIONAL AFFAIRS PROGRAM IN NEW YORK CITY. A NEW PARTNERSHIP WITH THE CARY INSTITUTE OF ECOSYSTEM STUDIES PROVIDES STUDENTS INTERESTED IN ECOLOGY AND ENVIRONMENTAL SCIENCES WITH ADDITIONAL OPPORTUNITIES FOR INSTRUCTION AND RESEARCH. THE BARD-ROCKEFELLER SEMESTER IN SCIENCE OFFERS UNDERGRADUATES THE OPPORTUNITY TO CONDUCT GRADUATE SCHOOL-LEVEL RESEARCH IN THE INTERNATIONALLY DISTINGUISHED LABORATORIES OF THE ROCKEFELLER UNIVERSITY. THIS INNOVATIVE, ENTREPRENEURIAL SATELLITE MODEL IS UNIQUE IN THE FIELD OF HIGHER EDUCATION AND EQUIPS STUDENTS TO PLAY ACTIVE, ENGAGED ROLES, NOT ONLY FOR THE SAKE OF PERSONAL GOALS, BUT ALSO IN ORDER TO ADDRESS THE LARGER ISSUES THAT FACE HUMANITY IN OUR TIME.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

SIMON'S ROCK PROVIDES BROAD-MINDED, PARADIGM-SHIFTING EDUCATION; FACULTY TRAINED IN THE COUNTRY'S BEST UNIVERSITIES; INSPIRED AND INSPIRING CLASSES; FIRST-CLASS FACILITIES FOR THE SCIENCES, THE ARTS, AND ATHLETICS; AND AN ASTONISHING RANGE OF OPPORTUNITIES FOR CONDUCTING SPECIALIZED RESEARCH AND GAINING HANDS-ON EXPERIENCE. WE OFFER 43 CONCENTRATIONS, MANY OF THEM INTERDISCIPLINARY; OUR ACADEMIC PROGRAM LEADS TO AN AA OR A BA.

Name of the organization

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BARD COLLEGE

14-1713034

ATTACHMENT 1 (CONT'D)

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11A

PRIOR TO FILING, A DRAFT OF THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN REPORTS TO THE FULL BOARD THAT THEY HAVE APPROVED THE 990 FOR FILING. A COPY OF THE FINAL 990 IS PROVIDED TO THE BOARD.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW ANNUALLY AN UPDATED CONFLICT OF INTEREST POLICY AND DISCLOSURE, WITH A SIGNATURE PAGE THAT IS REQUIRED TO BE SIGNED AND RETURNED TO THE ORGANIZATION AND KEPT ON FILE. APPROPRIATE ACTIONS ARE TAKEN IF NECESSARY.

WHISTLEBLOWER AND DOCUMENT RETENTION POLICY

FORM 990, PART VI, SECTION B, LINES 13 & 14

BARD COLLEGE BOARD OF TRUSTEES FORMALLY ADOPTED A WHISTLEBLOWER AND DOCUMENT RETENTION POLICY SUBSEQUENT TO JUNE 30, 2009.

COMPENSATION POLICY

FORM 990, SECTION B, LINE 15A & 15B

COMPENSATION PROCESS FOR TOP OFFICIALS:

THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. COMPENSATION IS DETERMINED ON THE BASIS OF PERFORMANCE EVALUATION, SENIORITY, AND COMPENSATION COMPARISONS

Name of the organization

Employer identification number

BARD COLLEGE

14-1713034

ATTACHMENT 1 (CONT'D)

WITH OTHER COLLEGES. THE PRESIDENT'S COMPENSATION PACKAGE IS REPORTED TO
THE BOARD BY THE COMPENSATION COMMITTEE AT A REGULAR BOARD MEETING.

COMPENSATION PROCESS FOR OFFICERS:

THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS DETERMINED BY THE
PRESIDENT ON THE BASIS OF PERFORMANCE EVALUATION, SENIORITY, AND
COMPENSATION COMPARISONS AT OTHER COLLEGES AND POLICY INSTITUTES. OTHER
OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE PRESIDENT
AND/OR EXECUTIVE VICE PRESIDENT ON THE BASIS OF PERFORMANCE EVALUATION,
SENIORITY, AND COMPENSATION COMPARISONS AT OTHER COLLEGES AVAILABLE FROM
THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES
(CUPA).

PUBLIC DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED
FINANCIAL STATEMENTS OF BARD COLLEGE ARE MADE AVAILABLE TO THE PUBLIC
UPON REQUEST. IN ADDITION, THE COLLEGE'S FORM 990 IS AVAILABLE AT
WWW.GUIDESTAR.ORG.

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS

SCHEDULE L, PART IV

MARTIN SOSNOFF PROVIDES INVESTMENT MANAGEMENT SERVICES FREE OF CHARGE TO
BARD COLLEGE.

ATTACHMENT 2

Name of the organization

Employer identification number

BARD COLLEGE

14-1713034

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMMUNITY COUNSULTING FIFTH AVENUE NEW YORK, NY 10017	CONSULTANTS	368,833.
B & B ELECTRIC AVON STREET SAUGERTIES, NY 12477	ELECTRIC CONTRACTOR	305,354.
LAMBRIDES, LAMOS, TAYLOR LARKFIELD ROAD EAST NORTHPORT, NY 11731	AUDITING SVCS	113,200.
TOTAL COMPENSATION		<u>787,387.</u>

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CASH AND CASH EQUIVALENTS	826,573.	FMV
FIXED INCOME SECURITIES	19,082,589.	FMV
HEDGE FUNDS	17,443,046.	FMV
TOTALS	<u>37,352,208.</u>	

ATTACHMENT 4SCHEDULE E - EXPLANATION FOR LINE 6A

BARD COLLEGE RECEIVES FINANCIAL AID OR ASSISTANCE FROM GOVERNMENTAL AGENCIES FOR THE BENEFIT OF THE COLLEGE'S STUDENTS.