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DLN: 93493134084514

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2012

OMB No 1545-0047

Don to Public

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

Open to Public Inspection

AVID REES NE COLLEGE DRIVE ENNINGTON, VT 05201 501(c)(3)	G Gross I H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach L Year of formation 19 OCATED IN BENNI	one number 440-4 receipts \$ o return es include a a list (for Yes No ded? Yes No (see instructions) her M	
mber and street (or P O box if mail is not delivered to street address) Room/suite E COLLEGE DRIVE te y or town, state or country, and ZIP + 4 NNINGTON, VT 05201 Name and address of principal officer AVID REES NE COLLEGE DRIVE ENNINGTON, VT 05201 Solic)(3)	G Gross I H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt L Year of formation 19 OCATED IN BENNI	receipts \$ o return es including a list (for Yes No ded? Yes No (see instructions) her M	
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N COLLEGE IS A LIBERAL ARTS EDUCATIONAL INSTITUTION LU UATE ENROLLMENT IS MORE THAN 660 STUDENTS	nore than 25% of its			
x 📭 If the organization discontinued its operations or disposed of m		net ass		
ting members of the governing body (Part VI, line 1a)		net ass		
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ting members of the governing body (Part VI, line 1a)		net ass		
			ets	
		з	19	
		4	19	
of individuals employed in calendar year 2012 (Part V, line 2a) .		5	1,214	
of volunteers (estimate if necessary)		6	250	
, , ,		7a	-15,759	
		7b	-15,759	
	Prior Year		Current Year	
ns and grants (Part VIII, line 1h)	17,919,	437	8,636,391	
F			39,085,346	
		892,704		
nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	591,	591,208		
	57.405	4.4.0	10.071.260	
			48,971,368	
	14,500,		15,536,797	
mer compensation, employee benefits (Part 1x, column (A), mes	20,635,	347	21,896,687	
ıl fundraısıng fees (Part IX, column (A), lıne 11e) 		0		
ng expenses (Part IX, column (D), line 25) ▶1,466,201				
nses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,047,	502	12,706,758	
ises Add lines 13–17 (must equal Part IX, column (A), line 25)	46,183,	169	50,140,242	
ss expenses Subtract line 18 from line 12		10,941,944 -1,168,8		
		nt	End of Year	
s (Part X, line 16)		258	112,490,842	
ties (Part X, line 26)				
ues (rait A, iiile 20)	38.994.	751	36,251,135	
or fund balances Subtract line 21 from line 20	38,994, 73,867,		36,251,135 76,239,707	
or enternal dans dans dans dans dans dans dans dans	ons and grants (Part VIII, line 1h)	Prior Year ons and grants (Part VIII, line 1h)	Ad business taxable income from Form 990-T, line 34 Prior Year Ons and grants (Part VIII, line 1h) 17,919,437 ervice revenue (Part VIII, line 2g) 37,721,764 nit income (Part VIII, column (A), lines 3, 4, and 7d) 892,704 enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 591,208 enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 591,208 enue (Part VIII, column (A), lines 11 (must equal Part VIII, column (A), line 57,125,113 d similar amounts paid (Part IX, column (A), lines 1-3) 14,500,320 aid to or for members (Part IX, column (A), lines 4) 0 other compensation, employee benefits (Part IX, column (A), lines 20,635,347 nal fundraising fees (Part IX, column (A), line 11e) 0 enses (Part IX, column (D), line 25) ▶ 1,466,201 enses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,047,502 enses Add lines 13-17 (must equal Part IX, column (A), line 25) 46,183,169 enses expenses Subtract line 18 from line 12 10,941,944 </td	

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Par		Statement of Progra Theck if Schedule O conta			I	
1	Briefly	describe the organization'	s mission			
		N COLLEGE IS A LIBERA UATE ENROLLMENT IS 1			CATED IN BENNINGTON, VER	RMONT THE
2					ar which were not listed on	
	If "Yes,'	describe these new servi	ices on Schedule O			
3	services	organization cease condu s?			onducts, any program	
	If "Yes,'	describe these changes	on Schedule O			
4	expense		501(c)(4) organization	ns are required to repo	hree largest program services, rt the amount of grants and allo	
4a	(Code) (Expens	ses \$ 36,401,896	ıncludıng grants of \$	15,393,397) (Revenue \$	36,496,433)
	INCLUDE		G ARTS IN A LIBERAL ARTS E	DUCATION, AND IT IS THE	AMERICAN COLLEGES AND UNIVERSI ONLY COLLEGE TO REQUIRE THAT ITS DULE O*	
	, c. l) (Expen	4 226 204		143,400) (Revenue \$	2.500.042.\
4b	PROCES PROGRA LANGUA	TE PROGRAMS BENNINGTON'S S THE COLLEGE'S GRADUATE P MS A MASTER OF FINE ARTS I	GRADUATE PROGRAMS ARE PROGRAMS ARE SMALL, INTE N WRITING, WHICH IS RANI E OFFERS A MASTER OF ART	E BUILT ON THE BELIEF THA NSIVE, AND HIGHLY SELEC' KED AMONG THE TOP FIVE S IN TEACHING, A MASTER	AT MAKING NEW WORK IS AT THE HEA TIVE BENNINGTON OFFERS TWO LOW IN THE NATION, AND A MASTER OF AF OF FINE ARTS IN PERFORMING ARTS	-RESIDENCY GRADUATE RTS IN TEACHING A SECOND
4c	(Code) (Expens	ses \$	ıncludıng grants of \$) (Revenue \$)
	Other	program services (Descril	he in Schedule O \			
u	(Expen	`	including grants	of \$) (Revenue \$)
4e	Total p	rogram service expenses	► 37,728,20	0		

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Νo

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 78			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			110
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			110
_	za rest, maleute the maniper or remis of 22 med daring the year.	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
		8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	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			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		140

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶VT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

<u>Part VII</u> 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

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

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

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

(A) Name and Title	Name and Title A verage hours per week (list any hours					chec (, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) PRISCILLA ALEXANDER	1 0	х						0	0	0
TRUSTEE		L ^						U	U	U
(2) BRUCE BERMAN	1 0									
TRUSTEE (ROTATED OFF 10/2012)		Х						0	0	0
(3) SUSAN PARIS BORDEN	1 0	Х						0	0	0
TRUSTEE										
(4) JOHN BOYD TRUSTEE	1 0	х						0	0	0
(5) KAREN JOHNSON BOYD	1 0									
TRUSTEE		X						0	0	0
(6) SUZANNE BRUNDAGE	1 0									
TRUSTEE		х						0	0	0
(7) BARBARA USHKOW DEANE	1 0									
		x						0	0	0
VICE CHAIR (8) WILLIAM DERROUGH	1 0									
		х		Х				0	0	0
TRUSTEE (9) MICHAEL HECHT	1 0									
		х						0	0	0
TRUSTEE (10) LEA HERSHKOWITZ	10									
		х						0	0	0
TRUSTEE (ROTATED OFF 6/2013) (11) JOHN J KENNEY	1 0						\vdash			
		×						О	0	0
TRUSTEE (12) BOBBIE KNABLE	1 0									
		×						О	0	0
TRUSTEE (13) ALAN KORNBERG	1 0									
		×		х				О	0	0
CHAIRMAN (14) INSIYAH MOHAMMAD	1 0									
		×						0	0	0
TRUSTEE (15) AARTI RANA	1 0									
		×						О	0	0
TRUSTEE (16) DANIEL B ROWLAND	1 0									
		x						0	0	0
TRUSTEE (17) JAMES SIMON	1.0									
(17) JAMES SIMON	1 0	×			1			اه	0	0
TRUSTEE		I ^		l		1		l vi	V _I	U

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n officeustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	iated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	lated
(18) MARY HAMMOND STORER	1 0	x						0	0		0
TRUSTEE											
(19) AVA SULLIVAN TRUSTEE	10	x						0	0		0
(20) DEBORAH WADSWORTH TRUSTEE	1 0	Х						0	0		0
(21) PENELOPE PERKINS WILSON TRUSTEE	1 0	х						0	0		0
(22) ELIZABETH COLEMAN	40 0										
PRESIDENT (ROTATED OFF 6/2013)		X		Х				485,702	0		39,504
(23) LAURA KRAUSE	40 0			х				125,826	0		11,320
TREAS/VP/CFO (24) JANET MARSDEN	40 0			х				112,153	0		6,871
SECRETARY/VP for Admissions an								,			-,
(25) PAIGE BARTELS VP FOR EXTERNAL RELATIONS	40 0			х				161,080	0		12,449
(26) DAVID REES	40 0			х				149,902	0		13,174
VP FOR PLANNING & ADMINISTRATI (27) ISABEL O'BRIEN ROCHE	40 0				Х			140,919	0		10,515
Dean of the College					L^			140,313	, and the second		10,313
(28) DUNCAN DOBBLEMAN Associate Dean of College	40 0					×		100,567	0		13,992
- Social Seam of Consign											
1b Sub-Total			•	•							
c Total from continuation sheets to Par	-		•	•				1,276,149	0		107,825
d Total (add lines 1b and 1c) Total number of individuals (including \$100,000 of reportable compensation				d al	oove	e) who	rec	, ,	<u> </u>		107,825
										Yes	No
3 Did the organization list any former off on line 1a? <i>If</i> "Yes," complete Schedule							r hıç	ghest compensate			
4 For any individual listed on line 1a, is t							the	r compensation fr	om the		No

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(B) Description of services	(C) Compensation
ARCHITECT SVCS	265,975
CONSTRUCTION	434,309
GNRL CONTRACTOR	1,428,939
ARCHITECT SERVICES	211,794
LANDSCAPING	326,187
	Description of services ARCHITECT SVCS CONSTRUCTION GNRL CONTRACTOR ARCHITECT SERVICES

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10

Part V	***	Statement of Revenue					
		Check if Schedule O contains a response	onse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated campaigns 1a	a .				311
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1	, ————————————————————————————————————				
Gra not	c	Fundraising events 1					
S, 4	_	-					
<u> </u>	d	Related organizations 10					
Si iš	е	Government grants (contributions) 10	338,404				
ê 2	f	All other contributions, gifts, grants, and similar amounts not included above	f 8,297,987				
tributio Other	g	Noncash contributions included in lines	1,589,723				
탈필		1a-1f \$		0.626.201			
Cont	h	Total. Add lines 1a-1f	· · · · •	8,636,391			
<u>e</u>			Business Code				
¥e	2a	TUITION AND FEES	611710	31,208,333	31,208,333		
Program Serwce Revenue	b	ROOM & BOARD	721310	7,877,013	7,877,013		
958	С						
Ser	d						
E	е						
100	f	All other program service revenue					
<u>Ł</u>	g	Total. Add lines 2a-2f		39,085,346			
	3	Investment income (including divide		200,134			200,134
	4	and other similar amounts) Income from investment of tax-exempt bond		0			·
	5	Royalties		0			
		(ı) Real	(II) Personal				
	6a	Gross rents 509,314					
	b	Less rental 453,666 expenses					
	c	Rental income 55,648	0				
	d	or (loss) Net rental income or (loss)		55,648		-15,759	71,407
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of 5,566,922 assets other					
	b	than inventory Less cost or					
		other basis and 4,936,080 sales expenses					
	С	Gain or (loss) 630,842					
	d	Net gain or (loss)		630,842			630,842
enne	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18	1				
<u></u> ∮	b	Less direct expenses		0			
	c 9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19		U U			
	_	ā					
	Ь	Less direct expenses I		0			
	с 10а	Net income or (loss) from gaming ac Gross sales of inventory, less					
	_54	returns and allowances .					
		а					
	b	Less cost of goods sold ${f b}$					
	С	Net income or (loss) from sales of in		0			
}	4.4	Miscellaneous Revenue	Business Code	205,838			205.020
	11a	STUDENT SNACK BAR	611710				205,838
	b	BOOKSTORE REVENUE	611710	157,169			157,169
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		363,007			
	12	Total revenue. See Instructions .		48,971,368	39,085,346	-15,759	1,265,390

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizat	ıons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	15,536,797	15,536,797		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,663,784	140,816	1,261,911	261,057
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	30,000	30,000		
7	Other salaries and wages	16,370,615	13,410,295	2,214,864	745,456
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	784,018	450,615	298,276	35,127
9	Other employee benefits	1,806,777	947,358	757,704	101,715
10	Payroll taxes	1,241,493	722,936	450,202	68,355
11	Fees for services (non-employees)				
а	Management	116,069	7,410	70,613	38,046
b	Legal	118,534	13,432	105,102	0
С	Accounting	124,600	0	124,600	0
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	101,910		101,910	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	80,117	33,154	46,963	0
13	Office expenses	950,275	571,081	334,030	45,164
14	Information technology	530,796	481,060	17,401	32,335
15	Royalties	0			
16	Occupancy	2,065,878	1,386,622	679,256	0
17	Travel	337,067	116,513	156,599	63,955
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	187,604	56,317	90,897	40,390
20	Interest	1,231,877	764,273	467,604	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,649,974	1,184,104	1,465,870	0
23	Insurance	512,067	370	511,697	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PURCHASED SERVICES	2,145,578	1,207,643	908,448	29,487
b	FOOD AND FUNCTIONS	1,086,807	437,436	646,444	2,927
c	PROJECTS AND EVENTS	128,049	107,652	20,363	34
d	BOOKS AND SUBSCRIPTIONS	101,970	101,883	87	0
e	All other expenses	237,586	20,433	215,000	2,153
25	Total functional expenses. Add lines 1 through 24e	50,140,242	37,728,200	10,945,841	1,466,201
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pell	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	23,160	1	17,517
	2	Savings and temporary cash investments	9,457,802	2	3,316,729
	3	Pledges and grants receivable, net	19,115,513	3	19,729,217
	4	Accounts receivable, net	710,525	4	709,975
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
<u>ئ</u>	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets	l _		0		0
AS	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	269,135		201,587
	9 10a	Prepaid expenses and deferred charges	153,823	9	159,803
		Complete Part VI of Schedule D 83,538,357	4		
	b	Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·		56,615,791
	11	Investments—publicly traded securities	19,989,103	11	23,558,239
	12	Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	7,653,858	15	8,181,984
	16	Total assets. Add lines 1 through 15 (must equal line 34)	112,862,258	16	112,490,842
	17	Accounts payable and accrued expenses	5,288,091	17	5,131,068
	18	Grants payable	0		0
	19	Deferred revenue	2,058,999		1,919,983
	20	Tax-exempt bond liabilities	29,030,704	20	28,302,303
<u>ن</u>	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	2.040.057	25	007 704
	26	D	2,616,957 38,994,751	25	897,781 36,251,135
~ <u>~</u>	26	Total liabilities. Add lines 17 through 25	30,994,731	26	30,231,133
Fund Balances		lines 27 through 29, and lines 33 and 34.	20 770 405		24 400 700
<u>8</u>	27	Unrestricted net assets	28,776,135		31,190,700
<u>~</u>	28	Temporarily restricted net assets		28	29,449,220
Ĭ	29	Permanently restricted net assets	15,392,338	29	15,599,787
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
ξ.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Zet Net	33	Total net assets or fund balances	73,867,507	33	76,239,707
	34	Total liabilities and net assets/fund balances	112,862,258	34	112,490,842

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	- Check in Schedule S contains a response to any question in this rare XI			•	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,9	71,368
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,1	140,242
3	Revenue less expenses Subtract line 2 from line 1	3		-1,1	.68,874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73,8	367,507
5	Net unrealized gains (losses) on investments	5		Ę	515,818
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,0	25,256
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		76,2	239,707
Par	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n		1:	1:
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493134084514

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

BENNINGTON COLLEGE CORPORATION

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									03-0179		
	rt I			blic Charity Sta				•		ınstruction	s.
The c	rganı			e foundation becaus							
1		A chur	ch, convent	on of churches, or a	ssociation of	fchurches	described in	section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	ttach Sche	dule E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sect i	ion 170(b)(1)(A)(iii).		
4	Γ	A medi	cal researc	n organization operat	ted ın conjun	ction with	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	Enter the
_	_			ty, and state							
5	ļ	_	•	erated for the benefi	=	e or univers	sity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			A)(iv). (Complete P	•						
6	_			local government or							
7	ı	_		at normally receives		•	s support froi	m a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). described in sectior		•	mplete Part	Π)			
9	,		-	at normally receives			-	-	ributions, me	mbership fee	es, and gross
-	,			ities related to its ex							
				oss investment inco							
				janızatıon after June						,	
10	Г			ganized and operated						_	
11	<u></u>	_		ganized and operated							t the purposes of
	'			ly supported organiz							
					e type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally integrated d Type III - Non-functionally integrated						
	_										
е	Г			ox, I certify that the							
			nan roundati n 509(a)(2)	on managers and ot	ner than one	or more pu	iblicly suppo	rted organiz	ations descr	ibea in secti	on 509(a)(1) or
f				received a written de	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppor	ting organization,
			this box					,, , ,	. , , , ,		, , L
g				2006, has the organi	ızatıon accep	oted any gi	ft or contribu	tıon from an	y of the		
			ng persons? erson who d	rectly or indirectly o	controls aith	ar alona oi	r together wit	h narenne d	escribed in (uΛ	Yes No
				governing body of th	•		=	ii persons u	escribed iii (g(i)
		•		er of a person descri		-	011.				g(ii)
				lled entity of a perso) above?				g(iii)
h		• •		ng information about		.,					9(/
"		FIOVICE	e the followin	ig illiorillation about	the support	eu organiza	icion(s)				
	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	nu notify	(vi) I	s the	(vii) A mount of
	suppoi		(, = 1	organization	organizat		the organ		organiza		monetary
OI	ganiz	ation		(described on	col (i) lıs	ted ın	ın col (i)	of your	col (i) o	ganızed	support
				lines 1 - 9 above	your gove	_	suppo	ort?	ın the	US?	
				or IRC section (see	docume	nt?					
				instructions))		T		T			
				,,	Yes	No	Yes	No	Yes	No	
Total						1					1

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493134084514

OMB No 1545-0047

Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** BENNINGTON COLLEGE CORPORATION 03-0179414 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

nedule C (F	orm 990 or 990-E2) 2012		Page :
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT	
	filed Form 5768 (election under section 501(h)).		
		(-)	(h)

<i></i>	and Was war and the lines of a through of the law, many day in Day 11/2 detailed decompton of the lab by	(6	1)	(b)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?	Yes		500
j	Total Add lines 1c through 1i			500
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		ľ	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ļ	
Par	LIII-A Complete if the organization is exempt under section $501(c)(4)$, section	1 501(c)(5). o	r section

501(c)(6).

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

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

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

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES	,	THE COLLEGE IS A MEMBER OF THE ASSOCIATION OF VERMONT INDEPENDENT COLLEGES (AVIC) WHICH REPRESENTS ITS MEMBERS IN VARIOUS FORMS SERVING THE INTERESTS OF HIGHER EDUCATION, INCLUDING GOVERNMENT LEGISLATION ANNUAL MEMBERSHIP FEES PAID TO THIS ORGANIZATION WERE \$6,084 APPROXIMATELY \$500 OF THIS AMOUNT WAS ALLOCATED TO LOBBYING

1

DLN: 93493134084514

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

Internal Revenue Service		► Attach to For	m 990. ► See separate instructions.		Inspection				
Name of the organization BENNINGTON COLLEGE CORPORATION				Employ	er identification number				
				03-01	79414				
Pa		nizations Maintaining Donor Adv		ınds or	Accounts. Complete if the				
	organi	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds) Funds and other accounts				
1	Total number a	at end of year	(a) Donor advised funds	(0	runus and other accounts				
2		tributions to (during year)							
3		nts from (during year)							
4		ue at end of year							
5	Did the organi	zation inform all donors and donor adviso organization's property, subject to the or		or advise	d Yes No				
6	used only for c	zation inform all grantees, donors, and do charitable purposes and not for the benef ermissible private benefit?			ourpose Yes No				
Pa		ervation Easements. Complete if	the organization answered "Yes" to	Form	990, Part IV, line 7.				
2	Preservati Protection Preservati Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified h	istoric structure				
	easement on t	he last day of the tax year	Г		Held at the End of the Year				
а	Total number of	of conservation easements	<u> </u>	2a	neiu at the Eliu of the Feat				
b		restricted by conservation easements		2b					
c		servation easements on a certified histo	oric structure included in (a)	2c					
d	Number of con	iservation easements included in (c) acq ure listed in the National Register	· · · · •	2d					
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by the	organization during				
	the tax year 🕨	· <u> </u>							
4	Number of sta	tes where property subject to conservati	on easement is located ►						
5	Does the orga	nization have a written policy regarding t f the conservation easements it holds?		— Iling of vi	olations, and Yes No				
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents dur	ing the year				
7	•	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during tl	he year				
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(I)				
9	In Part XIII, d balance sheet	lescribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial		e statement, and				
Pai	rt IIII Organ	nizations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, o	or Othe	r Similar Assets.				
1a	If the organiza works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or resear	ch in furtherance of public				
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o						
	(i) Revenues	included in Form 990, Part VIII, line 1			▶ \$				
	(ii) Assets inc	luded in Form 990, Part X			► \$				
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r financia	· ·				
а	Revenues incl	uded in Form 990, Part VIII, line 1			► \$				
	· - · · · - ·	,,							

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	Hist	ori	<u>cal Treas</u>	sures, or O	<u>the</u>	<u>r Similar A</u>	sset	S (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, che	ecka	any of the fo	ollowing that a	re a	significant u	se of i	ts	
а	Public exhibition		d	Γ	Loan or ex	change progr	ams				
b	Scholarly research		e	Γ	Other						
c	▼ Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	the	y further the	e organization	's ex	empt purpos	e in		
5	During the year, did the organization solicit							ıılar	_		_
	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang							aa" ta Farma	<u> </u>		✓ No
Pal	Part IV, line 9, or reported an an					on answere	u r	es to roilli	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					s or other ass	ets r	not		'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follow	ıng t	able	_					
						-			mour	it	
С	Beginning balance					-	1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						┌ Y	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	explar	natio	n has been	provided in P	art >	KIII			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b) P			Two years back					ears back
1a	Beginning of year balance	15,305,452			521,361	13,363,529		12,966,86	-	1	4,970,620
b	Contributions	24,850		-	365,508	872,264		10,91	4		49,498
С	Net investment earnings, gains, and losses	1,346,381			-58,494	1,792,494		832,38	7	-	1,817,057
d	Grants or scholarships	167,965			151,103	137,826		120,13	2		63,339
е	Other expenditures for facilities and programs	357,978		3	322,042	319,560		276,37	8		147,778
f	Administrative expenses	55,333			49,778	49,540		50,12	1		25,083
g	End of year balance	16,095,407		15,3	305,452	15,521,361		13,363,52	9	1	2,966,861
2	Provide the estimated percentage of the cur	rent year end balanc	e (lıne	e 1g,	, column (a)) held as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 100 000 %										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	tion t	hat a	are held and	l admınıstere	d for	the	_		
	organization by								-	Yes	No
	(i) unrelated organizations			•			•	-	a(i) a(ii)		No No
b	(ii) related organizations				 Jule R? .		• .	<u></u>	3b		110
4	Describe in Part XIII the intended uses of the	•					•		1		
Par	t VI Land, Buildings, and Equipme										
	Description of property				Cost or other s (investment			(c) Accumulat depreciation		(d) Boo	ok value
1a	Land				(1,555	,100				1,555,100
b	Buildings		.		(74,384		23,626,	706		0,757,777
c	Leasehold improvements		.								
d	Equipment		.			5,654	,694	3,295,	360		 2,358,834
	Other					1,944	,080		0		1,944,080
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			nn (l	B), line 10(c).)	•			5	6,615,791
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,	, colur	nn (l	B), line 10(c).)	•	► Schedule	D (Fo		

Part VIII Investments—Other Securities. See	<u> Form 990, Part X, line 1.</u>	2.	
(a) Description of security or category	(b)Book value	(c) Method (of valuation
(including name of security)	(2)20011101110	Cost or end-of-y	
(1)Financial derivatives		,	
	+		
(2)Closely-held equity interests			
Other			
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			- Fundamentan
(a) Description of investment type	(b) Book value	(c) Method (Cost or end-of-y	
		Cost or end-or-y	ear market value
	+	<u> </u>	
	+	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►		
Part IX Other Assets. See Form 990, Part X, I			
(a) Descri	ption		(b) Book value
(1) SPLIT-INTEREST AGREEMENT			7,557,905
(2) OTHER ASSETS			624,079
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5)		8,181,984
			0,101,564
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
			
Federal income taxes	0		
INTEREST RATE SWAPS AT FMV	897,781		
	†		
	+		
	1		
	+		
	1		
	+		
Total. (Column (b) must equal Form 990. Part X, col (B) line 25)	807 781		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Fin 48 (ASC 740) Footnote In Part XIII, provide the te	·		

•	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
L	Total revenue, gains, and other support per audited financial statements	1	36,873,889
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	3,901,074
3	Subtract line 2e from line 1	3	32,972,815
ı	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 101,910		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	15,998,553
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	48,971,368
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
L	Total expenses and losses per audited financial statements	1	34,501,689
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses]	
d	Other (Describe in Part XIII).............. 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	34,501,689
ŀ	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
_	Investment expenses not included on Form 990, Part VIII, line 7b 4a 101,910		
а	Other (Describe in Part XIII)	1	
a b			
	Add lines 4a and 4b	4c	15,638,55

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

Identifier	Return Reference	Explanation
COLLECTIONS OF ART	PART III, LINE 4	BENNINGTON COLLEGE WAS THE FIRST COLLEGE IN THE NATION TO INCLUDE THE VISUAL AND PERFORMING ARTS AS AN EQUAL PARTNER IN THE LIBERAL ARTS CURRICULUM BY THE MIDDLE OF THE 20TH CENTURY, BENNINGTON WAS ALREADY PLAYING A CENTRAL ROLE IN THE AMERICAN ART SCENE - SERVING AS A LOCUS FOR MANY MAJOR FIGURES IN THE ART WORLD BECAUSE OF ITS REMARKABLE HISTORY, BENNINGTON COLLEGE HAS ACQUIRED A UNIQUE COLLECTION OF PAINTINGS, PHOTOGRAPHS, PRINTS AND SCULPTURES - A LARGE PORTION OF THE COLLECTION CONSISTING OF WORK MADE BY ITS RENOWNED ALUMNI, FACULTY AND CAMPUS VISITORS PRIMARILY A TEACHING COLLECTION, NEW WORK AND WORK FROM THE EXISTING COLLECTION ARE EVALUATED FOR THEIR RELEVANCE TO THE COLLECTION AS A WHOLE SELECT WORK IS OCCASIONALLY LENT FOR NATIONAL EXHIBITIONS AND EXHIBITIONS IN THE REGION MUCH OF THE COLLECTION IS PERMANENTLY ON DISPLAY THROUGHOUT THE CAMPUS AND IS EXHIBITED ROUTINELY THROUGH SPECIAL EXHIBITIONS IN THE COLLEGE'S USDAN GALLERY AND THE CROSSETT LIBRARY
ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE'S ENDOWMENT CONSISTS OF APPROXIMATELY 64 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE COLLEGE, IF ANY, TO FUNCTION AS ENDOWMENTS THE COLLEGE USES THE TOTAL RETURN CONCEPT, AND ITS SPENDING POLICY IS DESIGNED TO STABILIZE ANNUAL SPENDING LEVELS AND TO PRESERVE THE PURCHASING POWER OF THE ENDOWMENT ASSETS
FIN 48 FOOTNOTE	PART X, LINE 2	THE COLLEGE GENERALLY DOES NOT PROVIDE FOR INCOME TAXES SINCE IT IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ASC 740, INCOME TAXES, PERMITS AN ENTITY TO RECOGNIZE THE BENEFIT AND REQUIRES ACCRUAL OF AN UNCERTAIN TAX POSITION ONLY WHEN THE POSITION IS "MORE LIKELY THAN NOT" TO BE SUSTAINED IN THE EVENT OF EXAMINATION BY TAX AUTHORITIES IN EVALUATING WHETHER A TAX POSITION HAS MET THE RECOGNITION THRESHOLD, THE COLLEGE MUST PRESUME THAT THE POSITION WILL BE EXAMINED BY THE APPROPRIATE TAXING AUTHORITY THAT HAS FULL KNOWLEDGE OF ALL RELEVANT INFORMATION ASC 740 ALSO PROVIDES GUIDANCE ON THE RECOGNITION, MEASUREMENT, AND CLASSIFICATION OF INCOME TAX UNCERTAINTIES, ALONG WITH ANY RELATED INTEREST OR PENALTIES TAX POSITIONS DEEMED TO MEET THE "MORE-LIKLY-THANNOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE IN THE CURRENT YEAR THE COLLEGE HAS ANALYZED ALL OPEN TAX YEARS, AS DEFINED BY STATUTES OF LIMITATIONS, FOR ALL MAJOR JURISDICTIONS OPEN TAX YEARS ARE THOSE THAT ARE OPEN FOR EXAM BY TAXING AUTHORITIES MAJOR JURISDUCTIONS FOR THE COLLEGE INCLUDE FEDERAL AND VERMONT AS OF JUNE 30, 2013, OPEN FEDERAL AND VERMONT TAX YEARS FOR THE COLLEGE INCLUDE THE TAX YEARS ENDED JUNE 30, 2010 THROUGH JUNE 30, 2012 THE COLLEGE HAS NO EXAMINATIONS IN PROGRESS THE COLLEGE BELIEVES IT HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS
OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XII, LINE 2D	CHANGE IN VALUE OF INVESTMENT RETURN ON LONG- TERM INVESTMENTS 1,066,994 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS 1,719,175 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 599,087
OTHER REVENUE INCLUDED IN RETURN NOT ON LINE 1	PART XII, LINE 4B	RECLASS OF FINANCIAL AID 15,536,643 CONTRIBUTIONS 360,000TOTAL 15,896,643
OTHER EXPENSES INCLUDED IN RETURN NOT ON LINE 1	PART XIII, LINE 4B	RECLASS OF FINANCIAL AID 15,536,643

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DLN: 93493134084514

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

Name of the organization BENNINGTON COLLEGE CORPORATION 03-0179414 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

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

ldentifier	Return Reference	Explanation
SCHEDULE E - EXPLANATION FOR LINE 3		BENNINGTON COLLEGE IS COMMITTED TO A POLICY OF NON-DISCRIMINATION AS DEFINED UNDER APPLICABLE STATE AND FEDERAL LAWS ILLEGAL DISCRIMINATION WITH REGARD TO AGE, SEX, CREED, DISABILITY, NATIONAL ORIGIN, RACE, COLOR, SEXUAL ORIENTATION, GENDER IDENTITY, MARITAL STATUS, OR ANY OTHER LEGALLY PROTECTED CATEGORY IS PROHIBITED
SCHEDULE E - EXPLANATION FOR LINE 6A		BENNINGTON COLLEGE STUDENTS RECEIVE FEDERAL WORK STUDY MONEY

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493134084514

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public **Inspection**

Internal Revenue Service	
Name of the organization	n

Employer identification number BENNINGTON COLLEGE CORPORATION 03-0179414

General Information on Activities Outside the United States. Complete if the organization answered

	"Yes" to Form 990, Pa	<u>rt IV, line 14b</u>	•			
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the	grants or assi	stance, and the select	ion criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fui	nds outside
3	Activites per Region (The follow	ving Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Europe (Including Iceland and Greenland)			Program Services	RECRUITMENT	24,23
	Central America and the Caribbean			Investments		1,115,44
За	Sub-total					1,139,68
	Total from continuation sheets to Part I					= ,= 32,00

c Totals (add lines 3a and 3b)

1,139,688

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	ত	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	~	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> ~</u>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	্ব	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	⊽	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	[~	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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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

OMB No 1545-0047

DLN: 93493134084514

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
BENNINGTON COLLEGE CORPORAT	TON					03-0179414	
Part I General Information	n on Grants and	Assistance				•	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization Part II Grants and Other As 	ard the grants or ass tion's procedures fo	r monitoring the use o	f grant funds in the Unite	d States			✓ Yes N
Form 990, Part IV, line							es 10
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 50	1(c)(3) and governm	nent organizations list	ed in the line 1 table .			<u> </u> ►	
3 Enter total number of other organ							do I (Form 000) 2042
For Panerwork Reduction Act Notice see	the Instructions for F	orm 990		Cat No. 50055P		Schedu	le I (Form 990) 201:

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or as	ssistance	(b) Number of recipients		(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FEDERAL GRANTS		290		366,370			
(2) BENNINGTON GRANT		428		8,960,306			
(3) BROCKWAY SCHOLAR	SHIP	496		5,742,854			
(4) BENNINGTON SCHOLA	ARSHIP	10		291,935			
(5) OTHER GRANTS		14		175,332			
	ntal Informat						
Complete this part to provide	the information i	required in Part I, li	ıne 2, F	Part III, column (b), and	l any other additional inf	formation	
Identifier	Return Reference	pe e	Expla	nation			

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

Schedule I (Form 990) 2012

DLN: 93493134084514

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Name of the organization BENNINGTON COLLEGE CORPORATION **Employer identification number**

03-0179414

Pa	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direct			_		
	directors, trustees, and the CEO/Executive Direct	tor, regard	ing the items checked in line 147	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish compe	that apply				
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII	, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)ELIZABETH COLEMAN PRESIDENT (ROTATED OFF 6/2013)	(i) (ii)	485,702 0	0	0	20,422 0	19,082	525,206 0	0
(2)PAIGE BARTELS VP FOR EXTERNAL RELATIONS	(i) (ii)	161,080 0	0 0	0 0	11,779 0	670 0	173,529 0	0
(3)DAVID REES VP FOR PLANNING & ADMINISTRATI	(i) (ii)	149,902 0	0 0	0 0	10,763 0	2,411 0	163,076 0	0
(4)ISABEL O'BRIEN ROCHE Dean of the College	(i) (ii)	140,919 0	0 0	0	9,752 0	763 0	151,434 0	0

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

This complete this part for any additional information							
Identifier	Return Reference	Explanation					
BENEFITS	,	AS A SMALL, RESIDENTIAL UNDERGRADUATE COLLEGE, BENNINGTON'S PRESIDENT IS REQUIRED TO LIVE AT THE COLLEGE IN ADDITION TO SERVING AS THE PRESIDENT'S RESIDENCE, THE PRESIDENT'S HOUSE IS USED FOR NUMEROUS PRESIDENTIAL-LED ACTIVITIES INCLUDING TRUSTEE, FACULTY, STAFF, STUDENT AND ALUMNI MEETINGS, RECEPTIONS AND EVENTS THE HOUSING ALLOWANCE IS A NON-TAXABLE BENEFIT PROVIDED TO THE PRESIDENT AND IT IS REPORTED ON SCHEDULE J, PART II					

Schedule J (Form 990) 2012

DLN: 93493134084514

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OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Inspection Employer identification number

03-0179414

Part T	Bond Issues

BENNINGTON COLLEGE CORPORATION

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued (e) Issue price		(f) Description of purpose		(g) Defeased		(h) O n behalf of issuer		Pool ncing
							Yes	No	Yes	No	Yes	No
A	VT ED & HEALTH BUILDINGS FINANCE AUTHORITY	03-6024497		11-03-2006	3,000,000	CONSTRUCTION OF FACILITY		Х		Х		Х
В	VERMOMT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-16-2008	10,000,000	SEE PART VI		Х		Х		Х
С	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-31-2008	10,000,000	CONSTRUCTION OF FACILITY		Х		Х		Х
D	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		05-06-2009	8,150,000	CONSTRUCTION OF FACILITY		Х		Х		Х

explanations, and any additional information in Part VI.

► See separate instructions.

Part II	P	ro	ce	eas	

			4		В	(С		D
1	A mount of bonds retired		1,087,655		855,243		549,264		355,535
2	A mount of bonds legally defeased		0		0		0		0
3	Total proceeds of issue		3,128,819		10,034,144		10,135,471		8,250,669
4	Gross proceeds in reserve funds		0		0		0		0
5	Capitalized interest from proceeds		0		0		0		0
6	Proceeds in refunding escrows		0		0		0		0
7	Issuance costs from proceeds		35,480		171,963		110,060		125,000
8	Credit enhancement from proceeds		0		0		0		0
9	Working capital expenditures from proceeds		3,093,339		0		0		0
10	Capital expenditures from proceeds		0		2,877,664		10,025,411		8,125,669
11	O ther spent proceeds		0		6,984,517		0		0
12	O ther unspent proceeds		0		0		0		0
13	Year of substantial completion	20	08	20	11	20	11	20	12
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		Х		Х		×		Х
15	Were the bonds issued as part of an advance refunding issue?		Х	Х			Х		Х

allocation of proceeds? Part IIII Private Business Use

16

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

Χ

Χ

Does the organization maintain adequate books and records to support the final

Has the final allocation of proceeds been made?

Χ

Χ

Χ

Х

Χ

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0 00000% 0% 0% 0% other than a section 501(c)(3) organization or a state or local government 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 0 00000% % % % 501(c)(3) organization, or a state or local government Total of lines 4 and 5 0 00000% % % % Does the bond issue meet the private security or payment test? 7 Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Х Χ Χ Х 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Χ Χ Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Х Χ Х Х b No rebate due? Х c Х Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? TD BANK NA TD BANK NA Name of provider Term of hedge 201 201 20 197 C Was the hedge superintegrated? d Χ Χ Χ Х Was a hedge terminated? Χ Χ Χ

		Α		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		x		x		x		X	
b	Name of provider	0		0		0		0		
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		x		x		×		X	
7	Has the organization established written procedures to monitor the requirements of section 148?		x		x		×		X	

Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

Α		В		С		D	
Yes	No	Yes	No	Yes	No	Yes	No
	Х		Х		Х		Х

Part VI	Supplemental Info	ormation. Complete t	nis part to prov	vide additional information for res	ponses to questions	on Schedule K (se	ee instructions).

Identifier	Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C		(A) ISSUER NAME VT ED & HEALTH BUILDINGS FINANCE AUTH DATE THE REBATE COMPUTATION WAS PEFORMED 02/22/2008 (B) ISSUER NAME VERMONT ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PEFORMED 06/16/2010 (C) ISSUER NAME VERMONT ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PEFORMED 01/01/2011 (D) ISSUER NAME VERMONT ECONOMIC DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PEFORMED 04/30/2012 NOTE REGARDING THE REBATE COMPUTATIONS SINCE THE BOND PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUNDS ARE OPERATED ON A BONA FIDE BASIS, NO FUTHER CALCULATIONS ARE NECESSARY
PART I, LINE 3, COLUMN (F)	0	CONSTRUCTION OF FACILITY AND REFUND PRIOR TO ISSUE (10/21/99)
PART II, LINE 3		THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

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As Filed Data -

DLN: 93493134084514

Employer identification number

OMB No 1545-0047

Transactions with Interested Persons

Schedule L (Form 990 or 990-EZ)

Name of the organization

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	BENNINGTON CO	LLEGE COR	RPORATION						0.3	-017	9414			
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Correcte Yes No No No Yes Yes													106	
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958														ected
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	1 (4) (4)	ic or also	qualifica pers					(4) 5 65611	peron o	i ciuii.	Juction			No
Aps														
Aps														
Aprili Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of interested with organization of loan or form the organization? To From With organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27.														
### Senter the amount of tax, if any, on line 2, above, reimbursed by the organization														
### Senter the amount of tax, if any, on line 2, above, reimbursed by the organization														
A 1958														
Agricial Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 A) Name of interested with organization or form 990 (c) Purpose of assistance (e) Original amount or form the organization? To From (From Interested Persons) (i) Writter agreement of feature? To From (f) Balance or form 10 (g) In default? Approved by board or committee? Yes No Yes Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between interested Person and the literated P														
Aprili Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of interested with organization of loan or form the organization? To From With organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27. To From With organization with organization answered "Yes" on Form 990, Part IV, line 27.	2 Enter the	amount	of tax incurre	d by organiza	ation ma	nagers or disc	gualified perso	ons during the	vearı	ınder	section			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of interested person (b) Relationship (c) Purpose of assistance interested person To From From Ps No Yes No											> \$			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 a) Name of interested person Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 28a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person and the organization answered "Yes" on Form 990-EZ, Part V, line 28a, or Form 990, Part IV, line 26, or if the organization in the organization of loan to or from 990, Part IV, line 26, or if the organization in the organization form 990, Part IV, line 27a. (b) Relationship between interested person and the organization answered "Yes" on Form 990, Part IV, line 27a. (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization answered "Yes" on Form 990, Part IV, line 27a.	3 Enter the	amount	of tax, ıf any,	on line 2, ab	ove, rein	nbursed by th	e organızatıon	1		•	> \$			
a) Name of nterested person (b) Relationship (c) Purpose of loan or from the organization? To From	C	mplete i	ıf the organız	atıon answer	ed "Yes"	on Form 990		ıne 38a, or Fo	rm 99	0, Par	t IV, lın	ne 26, o	rıfthe	
with organization of loan or from the organization? Principal amount due default? A proved by board or committee? To From Yes No Yes N								(f)Balance	(a) In		.,	T (i)\/r	itten
To From Yes No Y	ınterested				or from the		principal	l due			Approved by board or			
tal State					То	From			Yes	No	+	1	Yes	No
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the linear person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (f) Type of													1	-
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the complete interested persons. (a) Name of interested person and the complete interested person													_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the complete intereste											<u> </u>		_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the complete interested pers													_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the complete interested pers													_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the comparison (b) Relationship between interested person and the comparison (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 1) Purpose of assistance (figure 2) Purpose of assistance	tal				F :	 \$	•	•					7	
(a) Name of interested person and the (b) Relationship between interested person and the (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance											•		· ·	
person interested person and the								1			(-)	Durman		
organization			interes	ted person ar		(C) A mount o	or assistance	(a) Type o	rassis	cance	(e)	Purpos	e or ass	istan
			'	organization										
					+									
								_						

Part IV Business Transactions Complete if the organizat			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Camille Guthrie	spouse of D Dobbleman	30,000	employee		No

Part V Supplemental Information

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

|--|

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493134084514

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization BENNINGTON COLLEGE CORPORATION

Employer identification number

	T. T				03-0179414			
Pa	rt I Types of Property	(a)	(b)	(c)		d)		
		Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	ts
1	Art—Works of art	Х	1	360,000	FM∨			
2	Art—Historical treasures .			,				
3	Art—Fractional interests							
4	Books and publications	Х		8,000	FM∨			
	Clothing and household			·				
	goods	Х		150	FMV			
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests		19	1 215 001	EM\/			
		X	19	1,215,881	F IMI V			
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
18	Collectibles							
	Food inventory	Х	1	988	FMV			
	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(<u>OTHER</u>)	X	3	4,704	FMV			
	Other ▶()							
	O ther ▶()							
	O ther ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple		- ,		29		V	1
30»	During the year, did the organiza	ation receiv	e hy contribution any prope	arty reported in Dart I lines	1-28 that it		Yes	No
Jou	must hold for at least three year							
				on, and which is not require	d to be used			No
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a		Νo
b	If "Yes," describe in Part II					u		.10
33	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (a) ıs checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	, , , ,	AMOUNTS IN COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493134084514

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organizati BENNINGTON COLLEGE COR		mployer ident if i	ation number
	03	3-0179414	

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

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

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

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

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

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

ldentifier	Return Reference	Explanation
PART XI, LINE 9 OTHER CHANGES IN NET ASSETS		CHANGE IN VALUE OF INVESTMENT RETURN ON LONG-TERM INVESTMENTS 1,066,994 CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS 1,719,175 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 599,087 CONTRIBUTIONS (360,000) TOTAL 3,025,256

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Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

03-0179414

DLN: 93493134084514

Department of the Treasury Internal Revenue Service

Name of the organization

BENNINGTON COLLEGE CORPORATION

(Form 990)

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number**

(5)	/h\	(c)	(4)	/o\	I	/f \		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) act controlling entity		
Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the (a) Name, address, and EIN of related organization	tions (Complete If tax year.) (b) Primary activity	the organization a (c) Legal domicile (state	nswered "Yes" (d) Exempt Code secti	(e)		ne 34 because it		g)
ivalite, address, and Liv of felated organization	rilliary activity	or foreign country)	Exempt Code secti	(if section 501)	(c)(3))	entity	(13) co en	ontrolled tity?
								<u> </u>

(a) Name, address, and EII related organization	N of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		prtionate	(i) Code V—UE amount in box 20 of Schedule K- (Form 1065	I Gei ma pa	(j) neral or naging rtner?	(k Percen ownei	ntage
(1)					314)	1		Yes	No		Ye	s No		
\- ,														
											+			
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											+			
Part IV Identification of Related line 34 because it had one o	Organizations Taxable r more related organization	as a Corp	orationas a co	or Trus	t (Complete or trust durin	of the organge the tax y	nization ai	nswei	red "Y	es" to For	m 99	90, Pa	rt IV,	
Part IV Identification of Related line 34 because it had one o (a) Name, address, and EIN of related organization	Organizations Taxable r more related organization (b) Primary activity	ons treated (c Leg domi	as a co) al cıle foreign	rporation	(d) ect controlling Ty entity (C	g the tax y	nization ai rear.) (f) Share of tota income		(g) are of er of-year assets	nd- Perc	m 99 (h) entage	<u>.</u>	(i) Section (b)(1) control	1512 13) Illed
line 34 because it had one o (a) Name, address, and EIN of related organization	r more related organization (b) Primary activity	ons treated (c Leg	as a co) al cıle foreign	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	1512 13) Illed
line 34 because it had one o (a) Name, address, and EIN of	r more related organization (b)	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation	(d) ect controlling Ty entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income		(g) are of er of-year	nd- Perc owi	(h) entage	2	(i) Section (b)(1 control entity	512 l3) lled y?
line 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE	r more related organization (b) Primary activity	ons treated (c Leg domi	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?
Ine 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT 05201	r more related organization (b) Primary activity	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?
Ine 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT 05201	r more related organization (b) Primary activity	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?
Ine 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT 05201	r more related organization (b) Primary activity	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?
Ine 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT 05201	r more related organization (b) Primary activity	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?
Ine 34 because it had one o (a) Name, address, and EIN of related organization (1) BENNINGTON COLLEGE REST & CATERERS LTD ONE COLLEGE DRIVE BENNINGTON, VT 05201	r more related organization (b) Primary activity	ons treated (c Leg domi (state or count	as a co) al cile foreign try)	rporation Dire	or trust durin (d) ect controlling entity (C	g the tax y (e) pe of entity corp, S corp,	(f) Share of tota Income	I Sh	(g) are of er of-year	nd- Perc owi	(h) entage nership	2	(i) Section (b)(1 control entity Yes	512 l3) lled y?

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
C	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		
					1 g		No
	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No
					1k		No
	Lease of facilities, equipment, or other assets from related organization(s)				11		No
	Performance of services or membership or fundraising solicitations for related organization(s)				1m		No
	1 Performance of services or membership or fundraising solicitations by related organization(s)				1n		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				10		No
0	Sharing of paid employees with related organization(s)				10		NO
р	Reimbursement paid to related organization(s) for expenses				1p		No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
	Other transfer of cash or property from related organization(s)				1s		No
3	other transfer of cash of property from related organization(s)					L	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding co	vered relationships	and transaction thresholds			
	(a)(b)Name of other organizationTransatype (action	(c) Amount involved	(d) Method of determining amo	unt ın	volved	

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

> Software ID: **Software Version:**

> > **EIN:** 03-0179414

Name: BENNINGTON COLLEGE CORPORATION

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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