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DLN: 93493137049976

# Form 990

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	lendar year, or tax year begir	nning 07-01-2014 , and ending 06-30-2	015				
<b>B</b> Che	eck if ap	pplicable	C Name of organization			D	Employ	er ider	ntification number
	ress ch		Bennington College Corporation	1			03-017	79414	<b>.</b>
┌ <sub>Nar</sub>	ne chai	nge	Doing business as						
☐ Init	ıal retui	rn	Jamiy Jaminess as						
Fina				x if mail is not delivered to street address) Room	ı/suite	E -	Telephon	e numl	ber
		nınated	One College Drive			(	(802)4	40-4	328
☐ Am	ended i	return		country, and ZIP or foreign postal code					
☐ App	lication	pending	Bennington, VT 05201			G	Gross red	ceipts \$	57,502,799
			<b>F</b> Name and address of	principal officer	HG	a) Isthisa	aroup r	eturn	for
			MARIKO SILVER			subordina			┌ Yes ┌ No
			One College Drive Bennington, VT 05201			<b>h)</b> A II	.		┌ Yes ┌ No
						<b>b)</b> Are all su included?		ates	j resj No
I Ta	x-exem	pt status	501(c)(3)	) ◀ (Insert no )		If"No," a	attach a	list	(see instructions)
J W	ebsite	:: <b>►</b> W\	WW BENNINGTON EDU		Н(	c) Groupex	kemptic	n nun	nber ►
K Forr	n of ord	a nizatio	n 🔽 Corporation 🗆 Trust 🗀 Assoc	Ciation Other III-	<del>`</del>	Year of format			State of legal domicile VT
	rt I		imary	Cation Cities F		real of folillat	193	2 14	State of legal doffficile. VI
			<del>-</del>	ission or most significant activities					
				RAL ARTS EDUCATIONAL INSTITUTI	ON LO	CATED IN B	ENNIN	GTO	N, VERMONT THE
e	<u> </u>	JNDER	GRADUATE AND GRADUAT	E ENROLLMENT IS MORE THAN 750 S	STUDEN	ITS			
e e	-								
Governance	-								
Š	2 (	Check t	his box দ if the organizatio	n discontinued its operations or dispose	ed of mor	re than 25%	of its r	net as:	sets
	2 ,	Numbar	of voting members of the gov	verning body (Part VI, line 1a)			ı	з	20
Activities &				ers of the governing body (Part VI, line :			-	4	20
琶				d ın calendar year 2014 (Part V, line 2a)			`.	5	1,143
Ş V			umber of volunteers (estimate			6	250		
	l			m Part VIII, column (C), line 12			.	7a	-42,872
	ь	Net unr	elated business taxable incor	me from Form 990-T, line 34			.	7b	-42,871
						Prior Ye	ar		Current Year
	8	Contr	ributions and grants (Part VII	I, line 1h)		5,	,745,30	04	14,274,613
Revenue	9	Progr	am service revenue (Part VII	m service revenue (Part VIII, line 2g)				6 3	39,283,342
e Aet	10	Inves	stment income (Part VIII, col	1,	1,667,750		1,423,574		
	11							0.2	633,146
	12			n 11 (must equal Part VIII, column (A),	line	44	,477,1	19	55,614,675
	13			Part IX, column (A), lines 1–3)	.		,702,60		17,379,770
	14			art IX, column (A), line 4)			, ,	0	0
	15		ies, other compensation, emp	2.2	22,316,578		22,989,550		
\$		5-10	•						
Expenses	16a			:IX, column (A), line 11e)	·  -			0	0
五	ь	Total f	undraising expenses (Part IX, colum	ın (D), line 25) <b>▶</b> <u>1,620,958</u>	- L				
	17	Other	r expenses (Part IX, column (	(A), lines 11a-11d, 11f-24e)	· <u> </u>	14,	,318,99	91	13,018,305
	18		expenses Add lines 13-17	` ⊢		,338,1	-	53,387,625	
	19	Revei	nue less expenses Subtract I	line 18 from line 12			,861,0		2,227,050
Not Assets or Fund Balances					E	Beginning of Year		<sup>t</sup>	<b>End of Year</b>
25 et	20	Total	assets (Part X, line 16)		. $\vdash$		,385,2	16	101,036,890
2 A B	21						,328,3	-	38,587,859
žÏ	22	Neta	ssets or fund balances Subtr	ract line 21 from line 20	. $ abla$	62,	,056,84	4 3	62,449,031
Pai	t II	Sign	nature Block		•				
				e examined this return, including accomp					
			belief, it is true, correct, and knowledge	complete Declaration of preparer (othe	r than of	ficer) is bas	ed on a	II info	rmation of which
		1.							
			nature of officer			2016-0	)5-16		
Sign Here		[				Date			
HEFE	_		AN MURPHY VP FOR FINANCE AND A e or print name and title	ADMINISTRATION					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	Check	- <sub>If</sub>	PTIN	
Paid	t					self-emp	loyed		
	- pare		Firm's name 🕨			Firm's EI	.N <b>F</b> -		
	Onl	I .	Firm's address 🟲			Phone no	o		

orm	990 (2	(2014)	Page 2
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefl	efly describe the organization's mission	
JNDE VOM NDI' DESI CURF THE I RELA LEAR	ERGRA EN WH VIDUA GNED RICULI EMPHA TIONS	TON COLLEGE IS A LIBERAL ARTS EDUCATIONAL INSTITUTION LOCATED IN BENNINGTON RADUATE AND GRADUATE ENROLLMENT IS MORE THAN 750 STUDENTS ORGANIZATION'S MAD BROUGHT BENNINGTON COLLEGE INTO BEING SOUGHT TO CREATE A COLLEGE THAT WALL STUDENT AND HER DEVELOPING INTERESTS," LEARNING "BY ACTIVITY AND LIVING," AND "BREAK DOWN ARTIFICIAL BARRIERS BETWEEN TEACHER AND STUDENT AND BETWEE PLUM," AND "A CONSCIOUS ELASTICITY IN EDUCATIONAL PLANS "THE PRINCIPLE OF LEAF HASIS ON THE INDIVIDUAL UNDERLIE EVERY MAJOR FEATURE OF A BENNINGTON EDUCAT NSHIP BETWEEN STUDENT AND TEACHER, THE INSISTENCE ON SELF-DETERMINATION, THE GACROSS THE DISCIPLINES, AND THE FIELD WORK TERM, WHICH GIVES STUDENTS WORK	MISSION THE MEN AND WOULD EMPHASIZE "THE A COMMUNITY LIFE EN CURRICULUM AND EXTRA RNING BY PRACTICE AND TON THE CLOSE WORKING E COMMITMENT TO EXPERIENCE AND
2	the pr	the organization undertake any significant program services during the year which were not listed on prior Form 990 or 990-EZ?	n <b>⊤Yes ▼ No</b>
3	servic	the organization cease conducting, or make significant changes in how it conducts, any program vices?	「Yes F No
4	expen	cribe the organization's program service accomplishments for each of its three largest program servenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an total expenses, and revenue, if any, for each program service reported	
4a	(Code	ode ) (Expenses \$ 39,514,810 including grants of \$ 17,305,418 ) (Revenue	e \$ 37,344,850 )
	INCLU WEEK THE C PRIVA BENN: MATH	DERGRADUATE PROGRAM BENNINGTON COLLEGE HOLDS A DISTINGUISHED PLACE AMONG AMERICAN COLLEGES AND UNI CLUDE THE VISUAL AND PERFORMING ARTS IN A LIBERAL ARTS EDUCATION, AND IT IS THE ONLY COLLEGE TO REQUIRE THE EKS - EVERY YEAR - AT WORK IN THE WORLD (FIELD WORK TERM) BENNINGTON'S CENTER FOR THE ADVANCEMENT OF E COLLEGE'S COMMITMENT TO ENGAGING THE WORLD BY EMBEDDING IN THE CURRICULUM AND ONGOING DYNAMIC BET EVATE AMBITIONS, BENNINGTON AIMS TO ENSURE THAT ITS GRADUATES ARE COMMITTED TO, AND CAPABLE OF, EFFECTIVE AND INTERPRETATION ON THE FULL BREADTH OF THE COLLEGE'S CURRICULUM WHICH OFFERS CLASSES IN THE HUMANTICS, SOCIAL SCIENCE, AND VISUAL AND PERFORMING ARTS - TO DESIGN INDIVIDUAL COURSES OF STUDY THAT A FELLECT AND IMAGINATION, GUIDED BY THEIR FACULTY, AND SHAPED BY THEIR EXPERIENCE WORKING IN THE WORLD EA	HAT ITS STUDENTS SPEND SEVEN F PUBLIC ACTION IS AN EXPRESSION OF TWEEN PUBLIC RESPONSIBILITIES AND WE ACTION IN THE WORLD UMANITIES, NATURAL SCIENCES, ARE UNIFIED AND FUELED BY THEIR
4b	(Code	ode ) (Expenses \$ 1,058,591 including grants of \$ 74,352 ) (Revenue	e \$ 1,938,492 )
70	GRAD PROC MAST	ADUATE PROGRAMS BENNINGTON'S GRADUATE PROGRAMS ARE BUILT ON THE BELIEF THAT MAKING NEW WORK IS AT THE DOCESS THE COLLEGE'S GRADUATE PROGRAMS ARE SMALL, INTENSIVE, AND SELECTIVE BENNINGTON OFFERS TWO LOW-FOUNDED STER OF FINE ARTS IN WRITING, WHICH IS RANKED AMONG THE TOP FIVE IN THE NATION IN ADDITION, THE COLLEGE OF REFORMING ARTS DEGREE AND A POST BACCALAUREATE PREMEDICAL PROGRAM IN 2014-15, THESE PROGRAMS SERVED A	HE HEART OF THE EDUCATIONAL RESIDENCY GRADUATE PROGRAMS A DFFERS A MASTER OF FINE ARTS IN
<b>4</b> c	(Code	ode ) (Expenses \$ including grants of \$ ) (Revenue :	\$ )
4d	Othe	her program services (Describe in Schedule O )	
		xpenses \$ including grants of \$ ) (Revenue \$	)

40,573,401

Total program service expenses ▶

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$	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? <i>If "Yes," complete Schedule D, Part III</i>	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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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
	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	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🦉	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule O contains a response of note to any line in this Part V	•	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   109			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	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?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F-		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	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	- ba		INO
_	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		

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

Check if Schedule O	O contains a response or note to any line in this Part VI	. ~
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		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		Νo
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	
С	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				
4-	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by	14 15a	Yes Yes	
	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?			No
	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? The organization's CEO, Executive Director, or top management official	15a		No
a b	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? The organization's CEO, Executive Director, or top management official	15a		No No
a b 16a	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? The organization's CEO, Executive Director, or top management official	15a 15b		
a b 16a b	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? The organization's CEO, Executive Director, or top management official	15a 15b		
a b 16a b	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? The organization's CEO, Executive Director, or top management official	15a 15b		
a b 16a b	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? The organization's CEO, Executive Director, or top management official	15a 15b		

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

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

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

►BRIAN MURPHY

20

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	•	1,912,803	0	282,185

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
Aramark Corporation PO BOX 906023 CHARLOTTE, NC 28290	FOOD SERV PROVIDER	3,482,786
JEROME CONSTRUCTION 1545 WEST RD BENNINGTON, VT 05201	GNRL CONTRACTOR	707,520
PITTSFIELD PIPERS INC PO BOX 1386 PITTSFIELD, MA 01202	GNRL CONTRACTOR	543,288
RC PEMBROKE & SONS INC PO BOX 756 NORTH BENNINGTON, VT 05257	LANDSCAPING	166,568
FEARLESS GROUP USA INC 12 W 21ST ST FL 5 NEW YORK, NY 10010	CONSULTING	140,000
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \( \mathbb{\sigma} \)8

Part V	/##1	Statement o						
		Check If Sched	ule O contains a respo	nse or note to any lu	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1.0	Fodorated cam	noughe 1a					512-514
क ह	1a	Federated cam						
ran Om	b	Membership du	ies <b>1b</b>					
, G Am	С	Fundraising ev	ents <b>1c</b>					
i i i	d	Related organiz	zations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grant	s (contributions) <b>1e</b>	603,538				
iği	f	All other contribute	ons, gifts, grants, and <b>1f</b>	13,671,075				
₽ ‡	_	similar amounts no	ot included above ons included in lines					
E G	g	1a-1f \$	ons included in lines	3,196,315				
g G	h	Total. Add line:	s 1 a - 1 f	· · · •	14,274,613			
<u>e</u>				Business Code				
Кеп	2a	TUITION & FEES		611710	30,545,610	30,545,610		
<u>æ</u>	b	ROOM & BOARD		721310	8,044,828	8,044,828		
MCe	C .	ANCILLARY STUDE	NT SVCS	611710	692,904	692,904		
J.	d							
Ē	e	^ II athan muanu						
Program Serwce Revenue	f	All other progra	am service revenue		0	0	<u> </u>	
	g		s 2a – 2f		39,283,342			
	3		ome (including dividen ar amounts)		542,455			542,455
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .		🟲				
	6.	Cross ronts	(ı) Real 549,140	(II) Personal				
	b	Gross rents Less rental	397,845					
	<sub>c</sub>	expenses Rental income	151,295	0				
	d	or (loss)	me or (loss)		151,295		-42,872	194,167
	u	Net lental inco	(i) Securities	(II) O ther	131,233		12,072	151,107
	7a	Gross amount from sales of	2,371,398	(ii) e cire.				
		assets other than inventory	2,371,390					
	b	Less cost or	4 400 270					
		other basis and sales expenses	1,490,279					
	C	Gain or (loss)	881,119	0	881,119			881,119
	d 8a		ss)	· · · · •	001,119			001,119
an ne		events (not inc						
Other Revenue		See Part IV, lir	ne 18 a					
ž	b		penses <b>b</b> (loss) from fundraising	events •				
,		Gross income f	from gaming activities					
			ne 19 <b>a</b>					
	b c		penses <b>b</b> (loss) from gaming acti					
		Gross sales of returns and allo	inventory, less owances .					
			oods sold b					
	C		(loss) from sales of inv	entory <b>p</b> - Business Code				
	11a	Miscellaneou BOOKSTORE I		Business Code 611710	175,513			175,513
	b	NON-FUNDRA		611710	55,921			55,921
	]	REVENUE	TOTING EVEINT					
	С	STUDENT SNA		611710	24,114			24,114
	d	All other reven			226,303	0	0	226,303
	е		s 11a-11d	•	481,851			
	12	Total revenue.	See Instructions .	🕨	55,614,675	39,283,342	-42,872	2,099,592

## Part IX Statement of Functional Expenses

3666	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response or note to any line in this				<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	13,636,826	13,636,826		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	3,742,944	3,742,944		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,145,328	179,375	781,451	184,502
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	17,567,453	13,480,255	3,133,686	953,512
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,021,614	587,174	388,668	45,772
9	Other employee benefits	1,998,996	1,048,146	838,314	112,536
10	Payroll taxes	1,256,159	916,949	262,817	76,393
11	Fees for services (non-employees)				
a	Management	306,875	39,331	261,335	6,209
b	Legal	144,177	6,091	138,086	
С	Accounting	141,363		141,363	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	123,660		123,660	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	117,261	36,736	80,525	
13	Office expenses	736,469	434,720	257,085	44,664
14	Information technology	584,901	359,336	225,565	
15	Royalties	·			
16	Occupancy	1,971,312	1,323,149	648,163	
17	Travel	495,449	219,847	168,912	106,690
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	,
19	Conferences, conventions, and meetings	104,056	40,370	31,775	31,911
20	Interest	1,178,089	736,650	441,439	,
21	Payments to affiliates		<u> </u>	<u> </u>	
22	Depreciation, depletion, and amortization	3,316,116	1,462,407	1,853,709	
23	Insurance	536,311	648	535,663	
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	OTHER SERVICES	1,670,580	898,909	733,825	37,846
b	FOOD SERVICES	1,216,398	1,154,832	43,273	18,293
c	PROJECTS AND EVENTS	164,930	152,454	11,958	518
d	OTHER MISCELLANEOUS EXPENSES	210,358	116,252	91,994	2,112
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	53,387,625	40,573,401	11,193,266	1,620,958
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

	rt X	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,359,592	1	2,150,669
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	5,830,295	3	9,059,207
	4	Accounts receivable, net	1,338,025	4	1,765,379
	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
ıts	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	n	6	
Assets	7	Notes and loans receivable, net	0	7	0
4	8	Inventories for sale or use	147,235		147,959
	9	Prepaid expenses and deferred charges	198,903		369,997
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a  91,272,35			333,331
	ь	Less accumulated depreciation	7 59,194,736	10c	58,004,135
	11	Investments—publicly traded securities	20,297,709	11	20,461,018
	12	Investments—other securities See Part IV, line 11	48,235	12	48,235
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	8,970,486	15	9,030,291
	16	Total assets. Add lines 1 through 15 (must equal line 34)	97,385,216	16	101,036,890
	17	Accounts payable and accrued expenses	4,941,354	17	4,928,287
	18	Grants payable	, ,	18	
	19	Deferred revenue	1,699,831		5,363,751
	20	Tax-exempt bond liabilities	27,545,060		26,757,068
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
졅		persons Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	1,142,128		1,538,753
	26	Total liabilities. Add lines 17 through 25	35,328,373	26	38,587,859
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	26,805,414	27	24,265,505
Ω Ω	28	Temporarily restricted net assets	18,959,736	28	21,865,052
Ξ	29	Permanently restricted net assets	16,291,693	29	16,318,474
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	62,056,843	33	62,449,031
_	34	Total liabilities and net assets/fund balances	97,385,216	34	101,036,890

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55,6	514,675
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				387,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		2,2	227,050
		4		62,0	56,843
5	Net unrealized gains (losses) on investments	5		-1,3	372,720
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	7			
0	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 4	162,142
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			149,031
Par	t XII Financial Statements and Reporting	10		02,-	779,031
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
_	Assessment Formation of Formation (Figure 1999)			1.00	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne <b>2с</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	
ט	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		30	' = 5	

**Software ID:** 14000329 **Software Version:** 2014v1.0 **EIN:** 03-0179414

Name: Bennington College Corporation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation Compensated Employees, and Inde						, .	,	·		
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b dire	ne booth a	ox, u an of trus	nless ficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		2,2000 11000,	related organizations
(1) PRISCILLA ALEXANDER	1 00	x						0	0	0
TRUSTEE (1) SUSAN PARIS BORDEN	1 00									
TRUSTEE		Х						0	0	0
(2) KAREN JOHNSON BOYD  LIFE TRUSTEE (NON VOTING)	1 00	×						0	0	0
(3) SUZANNE BRUNDAGE	1 00	×						0	0	0
TRUSTEE  (4) MATTHEW CLARKE	1 00							_		_
TRUSTEE (5) BARBARA USHKOW DEANE	1.00	X						0	0	0
VICE CHAIRMAN	1 00	×						0	0	О
(6) WILLIAM DERROUGH	1 00	х						0	0	0
TRUSTEE (7) OUSSEYNOU DIOME	1 00	X						0	0	0
TRUSTEE (8) MICHAEL HECHT	1 00	^							0	
TRUSTEE		Х						0	0	0
(9) TRACY KATSKY BOOMER TRUSTEE (STARTED 6/2015)	1 00	x						o	o	О
(10) JOHN J KENNEY	1 00	x						0	0	0
TRUSTEE (11) BOBBIE KNABLE	1 00	.,								
TRUSTEE (12) ALAN KORNBERG	1 00	×						0	0	0
CHAIRMAN		×						0	0	О
(13) JASON MOON	1 00	х						0	0	0
TRUSTEE (ROTATED OFF 6/2015) (14) AARTI RANA	1 00	×						0	0	0
TRUSTEE (ROTATED OFF 6/2015) (15) DANIEL B ROWLAND	1 00									
TRUSTEE		Х						0	0	0
(16) CHARLENE SOLOW SCHWARTZ TRUSTEE	1 00	×						0	0	О
(17) JAMES SIMON	1 00	×						0	0	0
TRUSTEE (18) SARA STEINES	1 00							_		_
TRUSTEE (19) NICHOLAS STEPHENS	1 00	X						0	0	0
TRUSTEE (STARTED 6/2015)		×						0	0	О
(20) CATHARINE STIMPSON	1 00	х						0	0	0
TRUSTEE (21) PENELOPE PERKINS WILSON	1 00	х						0	0	0
TRUSTEE (22) GENELL RANKIN	1 00									
TRUSTEE (STARTED 6/2015)		х						0	0	0
(23) MARIKO SILVER	40 00			х				412,310	0	123,356
PRESIDENT (EXOFFICIO) (24) DAVID REES	40 00			x				180,027	0	19,338
SENIOR VP FOR INSTITUTIONAL INITIATIVES/SECRETARY				<u> </u>				100,027		17,330

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) BRIAN MURPHY  VP FOR FINANCE & ADMINISTRATION/TREASURER	40 00			х				87,082	0	4,205
(1) ISABEL ROCHE PROVOST	40 00				х			177,125	0	14,467
(2) PAIGE BARTELS  VP FOR INSTITUTIONAL ADVANCEMENT	40 00				х			184,357	0	15,145
(3) HUNG BUI  VP AND DEAN OF ADMISSIONS AND FINANCIAL AID	40 00				х			48,626	0	16,206
(4) JANET MARSDEN VP FOR COMMUNICATIONS	40 00					х		143,573	0	11,073
(5) DUNCAN DOBBELMANN ASSOCIATE PROVOST	40 00					х		122,622	0	20,832
(6) HOLLY A MCCORMACK DEAN OF FIELD WORK TERM	40 00					х		119,386	0	16,646
(7) SVEN BIRKERTS WRITING SEMINARS DIRECTOR	40 00					х		100,337	0	7,045
(8) HEATHER FALEY DIRECTOR OF H R	40 00					х		99,831	0	7,314
(9) ELIZABETH COLEMAN FRM PRES/DIRECTOR OF CAPA	40 00						х	237,527	0	26,558
	•				1	1				

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OMB No 1545-0047

## OMB No

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

		ne organization					Employer identification	ation number
Dellilli	igton Ct	ollege Corporation					03-0179414	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this r		ns.
		zation is not a private f						
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(</b>	o)(1)(A)(i).	
2	፟	A school described in				•	,,,,,,,	
3	,	A hospital or a cooper			· ·	tion 170(b)(1)	(A)(iii).	
4	,	A medical research or		<del>-</del>				i <b>).</b> Enter the
_	_	hospital's name, city,	and state	<u> </u>				
5	ı	An organization opera			versity owned o	or operated by	a governmental unit d	escribed in
	_	section 170(b)(1)(A)						
6	<u> </u>	A federal, state, or loc						
7	ı	An organization that n				om a governme	ental unit or from the g	general public
8	Г	described in <b>section 1</b> A community trust de				+ 11 \		
9	<u>'</u>	An organization that n					hutions membershin	fees and aross
	'	receipts from activitie						
		its support from gross						
		acquired by the organ						r businesses
10	$\vdash$	An organization organ						
11	<u>'</u>	An organization organ	•	· · · · · · · · · · · · · · · · · · ·	•	· ·		out the nurneses of
11	1	one or more publicly s						
		the box in lines 11a th						
а	Γ	<b>Type I.</b> A supporting of						
		supported organizatio				ty of the direct	ors or trustees of the	supporting
ь	$\vdash$	organization You mus Type II. A supporting				with its sunno	rted organization(s)	ov having control or
	'	management of the su	-	•				
		must complete Part I	V, Sections A	and C.				
C	Г	Type III functionally						grated with, its
a	$\vdash$	supported organizatio  Type III non-function						ianization(c) that is
d	1	not functionally integr						
		(see instructions) <b>Yo</b>						
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_		integrated, or Type II						
f		Enter the number of s						
g		Provide the following i	nformation ab	out the supported orga	inization(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
	(	organızatıon		organization	listed in your	governing	monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above or IRC section (see				
				instructions))				
					Yes	No		

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 8,713,602 17,919,437 8,636,391 5,745,304 14,274,613 55,289,347 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 8,713,602 17,919,437 8,636,391 5,745,304 14,274,613 55,289,347 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 55,289,347 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 (c) 2012 (d) 2013 (e) 2014 (f) Total **(b)** 2011 beginning in) 🟲 8,636,391 8,713,602 17,919,437 5,745,304 55,289,347 Amounts from line 4 14,274,613 Gross income from interest, dividends, payments received on 3,291,245 securities loans, rents, royalties 615,452 643,778 373,340 893,013 765,662 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 543,581 479,497 358,290 365,310 481,851 2,228,529 capital assets (Explain in Part VI) 11 Total support Add lines 7 60,809,121 through 10 12 Gross receipts from related activities, etc (see instructions) 189,285,084 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 90 92 % Public support percentage for 2013 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** 

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 0 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 0 % 16 Public support percentage from 2013 Schedule A, Part III, line 15

18	Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than	1 33 1,	/3%, and line 17 is not
	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organ	zatıor	<b>▶</b> ┌
	PR 4 - 04		

33 1/3% support tests—2013. 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

Section D. Computation of Investment Income Percentage

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

16

**17** 

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations
---

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

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

11c

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

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

3b

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

1	$\overline{\Gamma}$	Check here if the	organızatıon	satisfied	he Integral	Part Test as	a qualifying	trust on Nov	20,197	70 See instructions.	All other
Гу	pe I	II non-functionally	integrated s	supporting	organizatio	ns must com	olete Sectio	ns A through	E		

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

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

### Section C - Distributable Amount

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

	Current Year	
1		0
2		0
3		0
4		0
5		0
6		0

Schedule A (Form 990 or 990-EZ) 2014			Page /
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom		0	
2 Amounts paid to perform activity that directly furth excess of income from activity	0		
3 Administrative expenses paid to accomplish exem	anızatıons	0	
4 Amounts paid to acquire exempt-use assets			0
5 Qualified set-aside amounts (prior IRS approval re	guired)		0
6 Other distributions (describe in Part VI) See instri			0
· · · · · · · · · · · · · · · · · · ·	actions		0
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to details in Part VI) See instructions	o which the organization is re	esponsive (provide	0
9 Distributable amount for 2014 from Section C, line	6		0
10 Line 8 amount divided by Line 9 amount			0 %
	I	(:i)	/:::\
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)		0	
3 Excess distributions carryover, if any, to 2014		U	
a From 2009			
<b>b</b> From 2010			
c From 2011			
<b>d</b> From 2012			
e From 2013 <u>0</u>			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
<b>4</b> Distributions for 2014 from Section D, line 7 \$0			
A pplied to underdistributions of prior years		0	
<b>b</b> Applied to 2014 distributable amount			ol
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to	9		
2014, If any Subtract lines 3g and 4a from line 2		0	
(If amount greater than zero, see Instructions)  6 Remaining underdistributions for 2014 Subtract			
lines 3h and 4b from line 1 (if amount greater than			
zero, see instructions)			0
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7	0		
	ſ		
a From 2010			
<b>b</b> From 2011			
<b>d</b> From 2013			
d From 2013			

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

#### **Facts And Circumstances Test**

Return Reference	Explanation
Income	DESCRIPTION - SNACK BAR REVENUE, COLUMN A - 179863 0, COLUMN B - 182041 0, COLUMN C - 205838 0, COLUMN D - 26140 0, COLUMN E - 24114 0, COLUMN F - 617996 0, DESCRIPTION - BOOKSTORE REVENUE, COLUMN A - 289585 0, COLUMN B - 242846 0, COLUMN C - 152452 0, COLUMN D - 164364 0, COLUMN E - 175513 0, COLUMN F - 1024760 0, DESCRIPTION - TELEPHONE USAGE FEES, COLUMN A - 42063 0, COLUMN B -
	17591 0, COLUMN C - 0 0, COLUMN D - 0 0, COLUMN E - 0 0, COLUMN F - 59654 0, DESCRIPTION - EVENT REVENUE, COLUMN A - , COLUMN B - 0 0, COLUMN C - 0 0, COLUMN D - 78260 0, COLUMN E - 55921 0, COLUMN F - 134181 0, DESCRIPTION - OTHER REVENUE, COLUMN A - 32070 0, COLUMN B - 37019 0, COLUMN C - 0 0, COLUMN D - 96546 0, COLUMN E - 226303 0, COLUMN F - 391938 0.

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493137049976

OMB No 1545-0047

Open to Public 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.

**Political Campaign and Lobbying Activities** 

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

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization Bennington College Corporation Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

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

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

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

Did the filing organization file Form 1120-POL for this year?

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	filed Form 5768 (election und		(;	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, prov vity.	ide in Part IV a detailed description of the lobbying	Yes	No	'	A mour	nt
1	During the year, did the filing organization attemplegislation, including any attempt to influence pulthrough the use of	ot to influence foreign, national, state or local plic opinion on a legislative matter or referendum,		<u> </u>			
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?			Νo			
е	Publications, or published or broadcast statemen	ts?		Νo			
f	Grants to other organizations for lobbying purpos	es?		Νo			
g	Direct contact with legislators, their staffs, gover	nment officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions,	speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Yes				6,084
j	Total Add lines 1c through 1i						6,084
2a	Did the activities in line 1 cause the organization	to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred und	der section 4912					
c	If "Yes," enter the amount of any tax incurred by	organization managers under section 4912					
d	If the filing organization incurred a section 4912	tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is 501(c)(6).	s exempt under section 501(c)(4), section 5	501(c	)(5),	or s	ectio	n
						Yes	No
1	Were substantially all (90% or more) dues receiv	ed 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		
Pai		s exempt under section 501(c)(4), section 5 FH Part III-A, lines 1 and 2, are answered "					
1	Dues, assessments and similar amounts from me	mbers	1				
2	Section 162(e) nondeductible lobbying and politi expenses for which the section 527(f) tax was p	cal expenditures (do not include amounts of political aid).					
	•		2a				
а	Carryover from last year		2b				
a b	·						
b c	Total		2c				
ь с 3	Total Aggregate amount reported in section 6033(e)(1	)(A) notices of nondeductible section 162(e) dues					
b c	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex	ceeds the amount on line 3, what portion of the excess	2c				
ь с 3	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the re		2c				
b c 3 4	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the re political expenditure next year?	ceeds the amount on line 3, what portion of the excess easonable estimate of nondeductible lobbying and	2c 3				
b c 3 4	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the re political expenditure next year? Taxable amount of lobbying and political expendi	ceeds the amount on line 3, what portion of the excess easonable estimate of nondeductible lobbying and	2c 3				
5 Pro	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the repolitical expenditure next year? Taxable amount of lobbying and political expenditure of lobbying and political expenditure.	ceeds the amount on line 3, what portion of the excess easonable estimate of nondeductible lobbying and tures (see instructions)  Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	2c 3 4 5	Part I	I-A, I	ınes 1	and
5 Pro	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the repolitical expenditure next year? Taxable amount of lobbying and political expenditure of lobbying and political expenditure of lobbying and political expenditure.  Supplemental Information  Tovide the descriptions required for Part I-A, line 1, (see instructions), and Part II-B, line 1 Also, complemental	ceeds the amount on line 3, what portion of the excess easonable estimate of nondeductible lobbying and tures (see instructions)  Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounded this part for any additional information	2c 3 4 5	Part I	I-A, I	ınes 1	and
5 Pro 2 (	Total Aggregate amount reported in section 6033(e)(1 If notices were sent and the amount on line 2c ex does the organization agree to carryover to the repolitical expenditure next year? Taxable amount of lobbying and political expenditure are total expenditure.  Total  Aggregate amount reported in section 6033(e)(1  Total  Total  Total  Aggregate amount reported in section 6033(e)(1  Total  Total	ceeds the amount on line 3, what portion of the excess easonable estimate of nondeductible lobbying and tures (see instructions)  Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	2c 3 4 5 5 up list),				

Part IV Supplemental Information (continued)				
Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493137049976

OMB No 1545-0047

Open to Public

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► 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.

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

Inspection Name of the organization **Employer identification number** Bennington College Corporation 03-0179414 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a

Ь	Total acreage restricted by conservation easements	2b							
С	Number of conservation easements on a certified historic structure included in (a)	2c							
d	Number of conservation easements included in (c) acquired after $8/17/06$ , and not on a historic structure listed in the National Register	2d							
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	d by th	ne organization d	urıng					
	the tax year 🛌								
4	Number of states where property subject to conservation easement is located 🛌								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, have enforcement of the conservation easements it holds?	dling of	violations, and	┌ Yes	┌ No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year								
	<u> </u>								
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s durın	g the year						
	<b>▶</b> -\$								
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of second section $170(h)(4)(B)(II)$ ?	tion 1	70(h)(4)(B)(ı)	┌ Yes	┌ No				
۵	In Part XIII describe how the organization reports conservation easements in its revenue an	d avnai	nca statement a	nd					

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenue included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- - Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	Histo	rical Tr	easures, o	r Othe	r Similar As	sets (continued)		
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of t	he following t	hat are a	a significant use	of its		
а	Public exhibition		d [	Loan	or exchange p	rograms	5			
b	Scholarly research		е Г	Other						
c	▼ Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	n how th	ney furthe	r the organiza	ition's e	xempt purpose ı	n		
5	During the year, did the organization solicit									
Day	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold at the	<u>.</u>						Yes V No		
FeII	Part IV, line 9, or reported an ar					ereu i	res to Form 9	90,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					assets		Yes No		
b	If "Yes," explain the arrangement in Part XI	I and complete the fo	ollowing	g table						
							Am	nount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f	<u> </u>			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrowo	r custodial ac	count li	ability?	Yes No		
_ь	If "Yes," explain the arrangement in Part XI				-			<u> '</u>		
Pa	rt V Endowment Funds. Complete							(a)Four years hade		
1a	Beginning of year balance	(a)Current year 17,892,664	<b>(b)</b> Prio	6,095,407	15,30		Three years back 15,521,361	(e)Four years back 13,363,529		
b	Contributions	148,557		494,226	•	1,850	365,508	872,264		
c	Net investment earnings, gains, and losses									
a	Grants or scholarships	-72,635 203,233		2,087,428 189,098		5,381 7,965	-58,494 151,103	1,792,494		
d e	Other expenditures for facilities	203,233		105,050		,,505	131,103	137,020		
-	and programs	500,097		465,313	35	7,978	322,042	319,560		
f	Administrative expenses	123,660		129,986	5:	5,333	49,778	49,540		
g	End of year balance	17,141,596	1	7,892,664	16,09	5,407	15,305,452	15,521,361		
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	.g, colum	n (a)) held as					
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 95 2 %									
С	Temporarily restricted endowment ► 4 The percentages in lines 2a, 2b, and 2c sho	8 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	on tha	t are held	d and administ	tered for	the			
	organization by						[ n. (	Yes No		
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>						3a(			
b	If "Yes" to 3a(II), are the related organization		on Sch	edule R?		· . · .	3b	<del></del>		
4	Describe in Part XIII the intended uses of the	ne organization's endo	owment	t funds						
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line		ie orga	anızatıor	n answered	'Yes' to	Form 990, Pa	rt IV, line		
	Description of property	10.		(a) Cost or asıs (ınvest		or other (other)	(c) Accumulated depreciation	(d) Book value		
	Land					L,555,100		1,555,100		
	Buildings					2,873,670		<del> </del>		
	Leasehold improvements		.			<u> </u>	, ,,,,,	1		
d	Equipment					1,143,540	2,839,302	1,304,238		
	Other					2,700,042	1,885,943	814,099		
	I. Add lines 1a through 1e <i>(Column (d) must e</i>			(B), line	10(c).)			58,004,135		
							Schedule D	(Form 990) 2014		

See Form 990, Part X, line 12.	ipiete ir the organization	answered yes to Forr	n 990, Part IV, line IID.
(a) Description of security or category	(b)Book value	(c) Method of va	
(Including name of security) (1)Financial derivatives		Cost or end-of-year n	narket value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>+</b>		
Part VIII Investments—Program Related. Co	mplete if the organizatio	n answered 'Yes' to Fo	rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Rook value	(c) Method of va	luation
(a) Description of investment	(b) Book value	Cost or end-of-year n	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organization		<b>∟</b> D. Part IV. line 11d See F	orm 990. Part X. line 15
(a) Descri			(b) Book value
(1) BENEFICIAL INTEREST IN SPLIT-INTEREST AGREE	MENT		8,390,046
(2) OTHER ASSETS			640,245
Tatal (Caluma (h) marat annal Farma 000, Bart V, ant (B) time d	- ,		0.020.201
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 19 <b>Part X</b> Other Liabilities. Complete if the organization			9,030,291
Form 990, Part X, line 25.			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
INTEREST RATE SWAPS AT FMV	1,538,753		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,538,753		
, , , , , , , , , , , , , , , , ,	1,550,755		

	Revenue per Audited Financial Sta		nts With Revenue բ	er F	Return Complete If
	swered 'Yes' to Form 990, Part IV, line in support per audited financial statements			1	36,674,228
· -	out not on Form 990, Part VIII, line 12			-	30,074,220
	) on investments	2a	-1,372,720		
- ·	facilities	2b	1,372,720		
	nts	2c			
			17 444 067		
·	)		-17,444,067	٥-	10.016.707
e Add lines 2a through 2d		•		2e	-18,816,787
				3	55,491,015
	90, Part VIII, line 12, but not on line <b>1</b>	1	1		
	cluded on Form 990, Part VIII, line 7b .	4a	123,660		
<b>b</b> Other (Describe in Part XIII	)	4b	0		
c Add lines 4a and 4b				<b>4</b> c	123,660
	nd <b>4c.</b> (This must equal Form 990, Part I, line			5	55,614,675
	Expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line			s per	· <b>Return.</b> Complete
	er audited financial statements			1	36,282,040
2 A mounts included on line 1 l	out not on Form 990, Part IX, line 25				
	facilities	2a			
		2b		1	
		2c		1	
	)	2d		1	
•				1	207.945
•				2e	397,845
				3	35,884,195
	90, Part IX, line 25, but not on line 1:	١.	1		
·	cluded on Form 990, Part VIII, line 7b		<del> </del>	-	
	)	4b		-	
				4c	17,503,430
7 Total expenses Add lines 3  Part XIII Supplemental I	and <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )		5	53,387,625
Part V, line 4, Part X, line 2, Part X information  Return Reference	(I, lines 2d and 4b, and Part XII, lines 2d and Explanation	14b A	Iso complete this part to	provi	de any additional
Schedule D, Part X, Line 2	THE COLLEGE GENERALLY DOES NOT	PROV.	DE FOR INCOME TAXE	SSIN	JCF IT IS A TAX-
	ACCRUAL OF AN UNCERTAIN TAX POSTHAN NOT" TO BE SUSTAINED IN THE EVALUATION WHETHER A TAX POSITI COLLEGE MUST PRESUME THAT THE PTAXING AUTHORITY THAT HAS FULL KTAO ALSO PROVIDES GUIDANCE ON TCLASSIFICATION OF INCOME TAX UNOR PENALTIES TAX POSITIONS DEEM THRESHOLD ARE RECORDED AS A TAX ANALYZED ALL OPEN TAX YEARS, AS EMAJOR JURISDICTIONS OPEN TAX YE TAXING AUTHORITIES MAJOR TAXING FEDERAL GOVERNMENT AND THE STATAND VERMONT TAX YEARS FOR THE COLOR OF THE COLO	EVEN ON HA OSITI (NO WL HE RE CERTA ED TO (EXPE DEFINI ARS A G AUT TE OF	T OF EXAMINATION BY AS MET THE RECOGNIT ON WILL BE EXAMINED EDGE OF ALL RELEVAN COGNITION, MEASURE AINTIES, ALONG WITH MEET THE "MORE-LIK NSE IN THE CURRENT ED BY STATUTES OF LI RE THOSE THAT ARE OF VERMONT AS OF JUNI SE INCLUDE THE TAX Y	TAX TON DBY T NT IN EMEN ANY CELY- YEAR MITA DPEN LLEG E 30, EARS	CAUTHORITIES IN THRESHOLD, THE THE APPROPRIATE FORMATION ASC T, AND RELATED INTEREST THAN-NOT" THE COLLEGE HAS ATIONS, FOR ALL FOR EXAM BY GE INCLUDE THE 2015, OPEN FEDERAL ENDED JUNE 30,
	COLLEGE BELIEVES IT HAS NO SIGNIF				
Schedule D, Part III, Line 4 Collections of art - description of collections	BENNINGTON COLLEGE WAS THE FIRS AND PERFORMING ARTS AS AN EQUAL MIDDLE OF THE 20TH CENTURY, BENN THE AMERICAN ART SCENE - SERVING WORLD BECAUSE OF ITS REMARKABLI UNIQUE COLLECTION OF PAINTINGS, PORTION OF THE COLLECTION CONSTRACULTY AND CAMPUS VISITORS PRI WORK FROM THE EXISTING COLLECTIC COLLECTION AS A WHOLE SELECT WOEXHIBITIONS IN THE PERMANENTLY ON DISPLAY THROUGH THROUGH SPECIAL EXHIBITIONS IN THE LIBRARY	PARTINGTO AS A HIST PHOT STING MARI ON AR ORK IS HE RE	NER IN THE LIBERAL ADN WAS ALREADY PLAY LOCUS FOR MANY MA. ORY, BENNINGTON CO OGRAPHS, PRINTS AN GOF WORK MADE BY IT LY A TEACHING COLLE E EVALUATED FOR TH OCCASIONALLY LENT GION MUCH OF THE CO	RTS ING	CURRICULUM BY THE A CENTRAL ROLE IN IGURES IN THE ART GE HAS ACQUIRED A ULPTURES - A LARGE NO WNED ALUMNI, ON, NEW WORK AND ELEVANCE TO THE NATIONAL CTION IS
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE COLLEGE'S ENDOWMENT CONSIS ESTABLISHED FOR A VARIETY OF PUR ENDOWMENT FUNDS AND FUNDS DESI ENDOWMENTS THE COLLEGE USES TH POLICY IS DESIGNED TO STABILIZE A PURCHASING POWER OF THE ENDOWM	POSES GNAT IE TO NNUA	S, INCLUDING BOTH DO ED BY THE COLLEGE, I TAL RETURN CONCEPT L SPENDING LEVELS A	ONOF FANY , AND	R RESTRICTED Y, TO FUNCTION AS DITS SPENDING
Schedule D, Part XI, Line 2(d) Othe revenues in audited financial statements not in form 990		ETURN SWA	NON LONG-TERM INVE P396625 CHANGE I	N VAI	LUE OF SPLIT
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990					
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements					

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

Schedule D (Form 990) 2014

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OMB No 1545-0047

**SCHEDULE E** 

(Form 990 or 990-EZ)

# **Schools**

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Bennington College Corporation  Employer ident				fication number				
Delilii		03-0179414						
Pa	rt I			YES	NO			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes				
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student adaptograms, and scholarships?		2	Yes				
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes				
4	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		<b>4</b> a	Yes				
ŀ	• Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes				
ď	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	blic dealing	4c	Yes				
	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes				
5	Does the organization discriminate by race in any way with respect to  a Students' rights or privileges?		5a		No			
	Admissions policies?		5b		No			
•	Employment of faculty or administrative staff?	-	5c		Νo			
C	Scholarships or other financial assistance?	_	5d		Νo			
•	e Educational policies?	_	5e		Νo			
f	Use of facilities?		5f		Νo			
g	g Athletic programs?		5g		Νo			
ŀ	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No			
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No			
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4  of Rev. Proc. 75-50, 1975-2 C. B. 587, covering racial pondiscrimination? If "No." explain on Pa	_	7	V				

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

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	BENNINGTON COLLEGE IS COMMITTED TO A POLICY OF NON-DISCRIMINATION AS DEFINED UNDER APPLICABLE STATE AND FEDERAL LAWS 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, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	BENNINGTON COLLEGE PARTICIPATES IN THE TITLE IV FEDERAL STUDENT FINANCIAL AID PROGRAMS

Schedule E (Form 990 or 990-EZ) (2014)

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SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

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

**2014** 

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Open to Public Inspection

Bennington College Corporation								
					03-0179414			
Pa	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered		
1	For grantmakers. Does the o	rganization m	aıntaın records	s to substantiate the a	mount of its grants			
	and other assistance, the gra	ntees' eligibili	ty for the gran	its or assistance, and	the selection criteria			
	used to award the grants or a	issistance?				✓ Yes		
2	<b>2 For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of its grants and assistance outside the United States.							
3	Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ice is needed )			
	<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
( 1	) See Add'l Data		region	regiony				
( 2	2)							
( 3	))							
( 4	<del>}</del> )							
( 5	5)							
	<b>a</b> Sub-total	0	0			3,742,944		
_	<b>b</b> Total from continuation sheets to Part I	0	0			0		
	c Totals (add lines 3a and 3b)	0	0			3,742,944		

Schedule F (Form 990) 2014

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

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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
( 2)							
( 3)							
(4)							
( 5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
(16)							
( 17)							
( 18)							
				1		Sched	ule F (Form 990) 2014

## 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	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	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)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

## Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	BENNINGTON MONITORS THE USE OF FUNDS THROUGH THE ANALYSIS OF TRANSCRIPTS, GRADES, AND WRIT TEN NARRATIVES BY BOTH FACULTY AND STUDENTS PROGRESS TOWARD THE REQUIREMENTS TO COMPLETE A DEGREE IS CLOSELY MONITORED GRANTS ARE ONLY PROVIDED TO CURRENTLY ENROLLED STUDENTS

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	BENNINGTON MONITORS THE USE OF FUNDS THROUGH THE ANALYSIS OF TRANSCRIPTS, GRADES, AND WRIT TEN NARRATIVES BY BOTH FACULTY AND STUDENTS PROGRESS TOWARD THE REQUIREMENTS TO COMPLETE A DEGREE IS CLOSELY MONITORED GRANTS ARE ONLY PROVIDED TO CURRENTLY ENROLLED STUDENTS

### **Additional Data**

**Software ID:** 14000329

**Software Version:** 2014v1.0

**EIN:** 03-0179414

Name: Bennington College Corporation

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmakıng		114,250
East Asia and the Pacific	0	0	Grantmakıng		543,220
Europe (Including Iceland and Greenland)	0	0	Grantmakıng		1,071,381

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
Middle East and North Africa	0	0	Grantmakıng		202,370			
North America (Canada & Mexico only)	0	0	Grantmakıng		102,500			
Russia and Neighboring States	0	0	Grantmakıng		102,691			

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region			
South America	0	0	Grantmakıng		214,250			
South Asia	0	0	Grantmakıng		1,056,070			
Sub-Saharan Africa	0	0	Grantmakıng		336,212			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S	
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TOTAL STO SCHOOL	i di CIII Cidiles di	ia Abbibtaile	<del>c to Individuals t</del>	ratorae Trie o o	_		
(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)
Bennington Grant (scholarship)	Central America and the Caribbean	3	91,750	ACCT CREDIT			
Bennington Grant (scholarship)	East Asia and the Pacific	13	443,470	ACCT CREDIT			
Bennington Grant (scholarship)	Europe (Including Iceland and Greenland)	21	828,718	ACCT CREDIT			
Bennington Grant (scholarship)	Mıddle East and North Afrıca	5	139,370	ACCT CREDIT			
Bennington Grant (scholarship)	North America (Canada & Mexico only)	2	67,500	ACCT CREDIT			
Bennington Grant (scholarship)	Russia and Neighboring States	2	84,691	ACCT CREDIT			
Bennington Grant (scholarship)	South America	4	157,750	ACCT CREDIT			
Bennington Grant (scholarship)	South Asia	22	824,820	ACCT CREDIT			
Bennington Grant (scholarship)	Sub-Saharan Africa	6	271,962	ACCT CREDIT			
Bennington Scholarship	North America (Canada & Mexico only)	1	25,000	ACCT CREDIT			

Form 990 Schedule F Part III - Grants and Assistance to Indi	ividuals Outside The U S
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I di ili 330 Schicadic i	diciti didiito di	ia Abbibtaile	C to Illaiviadais t	atolae Ille o o			
(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)
Bennington Scholarship	South America	1	56,500	ACCT CREDIT			
Brockway Scholarship	Central America and the Caribbean	2	22,500	ACCT CREDIT			
Brockway Scholarship	East Asia and the Pacific	6	99,750	ACCT CREDIT			
Brockway Scholarship	Europe (Including Iceland and Greenland)	13	242,663	ACCT CREDIT			
Brockway Scholarship	Middle East and North Africa	4	63,000	ACCT CREDIT			
Brockway Scholarship	North America (Canada & Mexico only)	1	10,000	ACCT CREDIT			
Brockway Scholarship	Russia and Neighboring States	1	18,000	ACCT CREDIT			
Brockway Scholarship	South Asia	14	231,250	ACCT CREDIT			
Brockway Scholarship	Sub-Saharan Africa	4	64,250	ACCT CREDIT			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493137049976 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Bennington College Corporation 03-0179414 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

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

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

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FEDERAL GRANTS	67	242,997	0		
(2) BENNINGTON GRANT	333	6,514,520	0		
(3) BROCKWAY SCHOLARSHIP	504	5,943,684	0		
(4) BENNINGTON SCHOLARSHIP	1	29,550	0		
(5) OTHER GRANTS	121	906,075	0		

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference	Explanation					
Description Of Procedure For	BENNINGTON MONITORS THE USE OF FUNDS THROUGH THE ANALYSIS OF TRANSCRIPTS, GRADES, AND WRITTEN NARRATIVES BY BOTH FACULTY AND STUDENTS PROGRESS TOWARD THE REQUIREMENTS TO COMPLETE A DEGREE IS CLOSELY MONITORED GRANTS ARE ONLY PROVIDED TO CURRENTLY ENROLLED STUDENTS					
Procedures for monitoring use of	BENNINGTON MONITORS THE USE OF FUNDS THROUGH THE ANALYSIS OF TRANSCRIPTS, GRADES, AND WRITTEN NARRATIVES BY BOTH FACULTY AND STUDENTS PROGRESS TOWARD THE REQUIREMENTS TO COMPLETE A DEGREE IS CLOSELY MONITORED GRANTS ARE ONLY PROVIDED TO CURRENTLY ENROLLED STUDENTS					

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

DLN: 93493137049976

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

Name	of the	e orga	nıza	tion
Benning	iton Co	llege (	Corpo	ratio

**Employer identification number** 

03-0179414

Pa	rt I Questions Regarding Compensation	·			
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided a 990, Part VII, Section A, line 1a Complete Part III to prov				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizat reimbursement or provision of all of the expenses described		1b	Yes	
2	Did the organization require substantiation prior to reimbure directors, trustees, officers, including the CEO/Executive D		2	Yes	
				165	
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that applused by a related organization to establish compensation or	y Do not check any boxes for methods			
	☐ Compensation committee ☐	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VI or a related organization	I , Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paymer	nt?	4a		No
b	Participate in, or receive payment from, a supplemental nor	nqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based co	mpensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the	he applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		No
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 A, line 1a payments not described in lines 5 and 6? If "Yes," described		7		No
8	Were any amounts reported in Form 990, Part VII, paid or a				
	subject to the initial contract exception described in Regula	ations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebutt section $53\ 4958-6(c)$ ?	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-MISC compensation (			(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 MARIKO SILVER PRESIDENT (EXOFFICIO)	(i) (ii)	412,310	0	0	76,443 0	46,913 0	535,666	0 0
2 DAVID REES SENIOR VP FOR INSTITUTIONAL INITIATIVES/SECRETARY	(i) (ii)	180,027	0	0	14,479	4,859 0	199,365 0	0
3 ISABEL ROCHE PROVOST	(i) (ii)	177,125 0	0 0	0	13,979 0	488	191,592 0	0
4 PAIGE BARTELS VP FOR INSTITUTIONAL ADVANCEMENT	(i) (ii)	184,357	0	0	14,479	666	199,502	0
5 JANET MARSDEN VP FOR COMMUNICATIONS	(i) (ii)	143,573	0	0	10,456	617	154,646 0	0
6 ELIZABETH COLEMAN FRM PRES/DIRECTOR OF CAPA	(i) (ii)	237,527	0 0	0	18,825	7,733	264,085	0

Schedule J (Form 990) 2014

## Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing	AS A SMALL, RESIDENTIAL UNDERGRADUATE COLLEGE, BENNINGTON'S PRESIDENT IS REQUIRED TO LIVE AT THE COLLEGE OWNED
allowance or residence for personal	RESIDENCE MAINTAINED HISTORICALLY FOR THE USE OF THE SITTING PRESIDENT IN ADDITION TO SERVING AS THE PRESIDENT'S
use	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 IS A NON-TAXABLE BENEFIT PROVIDED TO THE PRESIDENT
	AND THE ESTIMATED AMOUNT OF THIS BENEFIT IS REPORTED ON SCHEDULE J, PART II THE VP AND DEAN OF ADMISSIONS AND
	FINANCIAL AID IS ALSO PROVIDED WITH A COLLEGE OWNED RESIDENCE THE RESIDENCE IS PROVIDED TO ASSIST IN MEETING THE ON
	CAMPUS DUTIES AND REQUIREMENTS OF THE POSITION THE CURRENT VP AND DEAN OF ADMISSIONS STARTED NEAR THE END OF
	CALENDAR YEAR 2014 AND DOES NOT MEET THE \$150,000 REQUIREMENT TO BE INCLUDED ON SCHEDULE J, PART II
Schedule J, Part I, Line 1a Personal	A HOUSEKEEPER IS PROVIDED TO THE PRESIDENT TO FACILITATE HER ABILITY TO FOCUS ON HER DUTIES AND RESPONSIBILITIES THE
services	TOTAL COST OF WAGES AND BENEFITS FOR THE ASSISTANCE HAS BEEN INCLUDED IN THE PRESIDENT'S REPORTED TAXABLE WAGES
Schedule J, Part I, Line 4b	MARIKO SILVER, PRESIDENT OF THE COLLEGE, PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN AS DESCRIBED IN
Supplemental nonqualified retirement	SECTION 457(F) THE AMOUNT DUE UNDER THE PLAN FOR 2014 WAS \$40,538, WHICH IS REPORTED ON SCHEDULE J, COLUMN C
plan	

Schedule J (Form 990) 2014

DLN: 93493137049976

OMB No 1545-0047

Open to Public

**Inspection** 

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax Exempt Bonds**

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

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

	rnal Revenue Service									l Emi	nlover id	lontifica	Tilspec		
	ne of the organization Inington College Corporation									1 '			ation num	iber	!
										03	-01794	14			
	art I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	price	<b>(f</b> )	Descriptio	n of purpose	<b>(g)</b> De	feased	beh	On alf of suer		Pool ncing
			İ							Yes	No	Yes	No	Yes	No
A	VT ED & HEALTH BUILDINGS FINANCE AUTHORITY	23-7154467		11-03-2006	3,00	0,000	CONS	STRUCTION	N OF FACILIT	Y	Х		Х		Х
В	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-16-2008	10,00	0,000	SEE P	PART VI			Х		×		Х
c _	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		12-31-2008	10,00	0,000	CONS	STRUCTION	N OF FACILIT	Y	Х		X		Х
D	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		05-06-2009	8,15	0,000	CONS	STRUCTION	N OF FACILIT	Y	Х		X		Х
Р	art III Proceeds	<u></u>					<u> </u>								
1	A mount of bonds retired					1,482	B 2,046 1,291,082		<b>C</b> 960,525		0,525	<b>D</b> 659,279		659,279	
2	Amount of bonds legally defeas	sed													
3	Total proceeds of issue					3,128,819 10,034,144		10,135,471			8,250,66				
4	Gross proceeds in reserve fund	st													
5	Capitalized interest from proce	eds													
6	Proceeds in refunding escrows														
7	Issuance costs from proceeds					35	,480		190,000	150,000			163,000		
8	Credit enhancement from proce														
9	Working capital expenditures fr														
10	Capital expenditures from proc	eeds				2,964	4,520 2,843,756		9,850,000			7,946,250			
11	O ther spent proceeds						$\longrightarrow$		6,966,244						40,750
12	O ther unspent proceeds						$\longrightarrow$								
13	Year of substantial completion				20	1		20		2011				2012	
<b> </b> —					Yes	No		Yes	No	Yes		lo	Yes	+	No
14	Were the bonds issued as part					Х			Х		+	<u> </u>		$\dashv$	X
<u>15</u>	Were the bonds issued as part of an advance refunding issue?				Х	$\longrightarrow$	Х			<u> </u>	<b>\</b>		$\bot$	X	
16	Has the final allocation of proce				Х	<u> </u>		Х		X			Х	$\bot$	
17	Does the organization maintain allocation of proceeds?		d records to supp	ort the final	X			Х		Х			Х		
Pa	rt IIII Private Business Us	se			<del></del>										
1					<u> </u>	Α	$\longrightarrow$	E	3		C			D	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

No

Χ

Х

Yes

No

Χ

Χ

Yes

No

Χ

Χ

Yes

Yes

No

Χ

Χ

Part Private Business Use (Continued) C D В Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Χ 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 bondc Χ Χ Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 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 5 unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 6 0 % 0 % 0 % 0 % Does the bond issue meet the private security or payment test? 7 Χ Χ Х Χ Has there been a sale or disposition of any of the bond-financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections c 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 Α В C Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield 1 Х Χ Χ Χ Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Χ b Χ Χ Χ No rebate due? Χ c Х Χ Χ If "Yes" to 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 Х 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 201 200 197 C Was the hedge superintegrated? d Χ Χ Χ Was the hedge terminated? Χ Χ

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

## Part V Procedures To Undertake Corrective Action

	A		В		С		<u>D</u>	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х		Х		X		X

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

Return Reference	Explanation
Schedule K Part I (follown (f)	CONSTRUCTION OF FACILITY AND REFUND PRIOR TO ISSUE OF THE AMOUNT OF PROCEEDS FROM THE BOND ISSUED 12/16/2008, \$6,966,244 WAS AN ADVANCE REFUNDING OF A BOND ISSUED 10/21/1999

Return Reference	Explanation
Schedule K, Part II, Line 3	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS

Return Reference	Explanation
Schedule K, Part II, Line 11	OTHER SPENT PROCEEDS IN COLUMN D OF \$40,750 REPRESENT BOND ISSUER FEES

Return Reference	Explanation
Schedule K, Part IV, Line 2c 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 FURTHER CALCULATIONS ARE NECESSARY

Return Reference	Explanation
Schedule K, Part III, Line 9 AND PART V	THERE ARE NO WRITTEN POLICIES AND PROCEDURES, HOWEVER, BENNINGTON COLLEGE COMPLIES WITH THE POLICIES AND PROCEDURES IN THE BOND DOCUMENTS

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name VT ED & HEALTH BUILDINGS FINANCE AUTHORITY The calculation for computing no rebate due was performed on 02/22/2008
1	

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name VERMONT ECONOMIC DEVELOPMENT AUTHORITY The calculation for computing no rebate due was performed on 06/16/2010

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name VERMONT ECONOMIC DEVELOPMENT AUTHORITY The calculation for computing no rebate due was performed on 01/01/2011

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name VERMONT ECONOMIC DEVELOPMENT AUTHORITY The calculation for computing no rebate due was performed on 04/30/2012

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

Department of the Treasury

# **Noncash Contributions**

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

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Internal Revenue Service	Inspection
Name of the organizat Bennington College Corpoi	Employer identification number
	03-0179414

Рa	TTT Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
1	Art—Works of art	Х	150	225,000	Market value			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х		81,416	Market value			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous	X	41	2,866,977	Market value			
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
<b>25</b> ЭТН	Other►( ER)	Х	17	22,922	Market value			
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
	Number of Forms 8283 received by the for which the organization completed F				9			
	<b>5</b>						Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fi				l to be used			
	for exempt purposes for the entire ho		?			30a		No
	If "Yes," describe the arrangement in		land that we recover a 10		m.k.m.lak 2	24	V 2.5	
31	Does the organization have a gift acc	eptance po	icy that requires the revie	w or any non-standard co	ntributions?	31	Yes	
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell nor	ncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			

number of items received, or a combination of both. Also complete this part for any additional information.			
Return Reference Explanation			
· '	Art - Works of art NUMBER OF CONTRIBUTIONS Securities - Miscellaneous NUMBER OF CONTRIBUTIONS  CONTRIBUTIONS Other NUMBER OF CONTRIBUTIONS		

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

Schedule M (Form 990) (2014)

## DLN: 93493137049976

# SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Bennington College Corporation	Employer identification number
	03-0179414

	03-0179414		
990 Schedule O, Supplemental Information			
Return Reference	Explanation		
Form 990, Part VI, Line 11b Review of form 990 by governing body	·		
Form 990, Part VI, Line 12c Conflict of interest policy	1 TRUSTEES, OFFICERS AND KEY EMPLOYEES OF BENNINGTON COLLEGE SHALL AVOID PLACING THEMSELVES IN POSITIONS IN WHICH THERE MAY BE CONFLICT BETWEEN THER 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 PERSO NAL BENEFIT, OR ANY OTHER IMPROPER GAIN OR ADVANTAGE, AT THE EXPENSE OF THE INTERESTS OF THE COLLEGE, OR WHEN A TRUSTEE, OFFICER, OR KEY EMPLOYEE OF THE COLLEGE ACCEPTS A GIFT OR O THER PAVOR UNDER CIRCUMSTANCES FROM WHICH IT MIGHT BE INFERRED THAT SUCH FIGTS WERE INTEND ED 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 (UNL. ESS 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 UNRELA TED TO THE PROCEEDINGS OF THE BOARD OF TRUSTEES, THE DISCLOSURE SHALL BE MADE TO THE PROCEDINGS OF THE BOARD OF TRUSTEES, THE DISCLOSURE SHALL BE MADE TO THE PROSED TRANSACTION IN WHICH IT IS DISCLOSED OR OTHERWISE KNOWN TO THE BOAR DOT TRUSTEES, THE DISCLOSURE MAY HAVE A CONFLICT OF INTEREST SHALL BE SUBMITTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES FOR SUCH ACTION A STHE EXECUTIVE COMMITTEE MAY DETERMINE AND REPORTED TO THE BOARD OF TRUSTEES FOR SUCH ACTION A STHE EXECUTIVE COMMITTEE WAY DETERMINE AND REPORTED TO THE BOARD OF TRUSTEES FOR SUCH ACTION A STHE EXECUTIVE COMMITTEE FOR INDIVIDUAL SERENSONAL INFLUENCE ON ANY MATTER WITH RESPECT TO WHICH THE INDIVIDUAL BELIEVES HIM OR HERSELF TO HAVE A CONFLIC OF INTEREST SUBJECT TO THIS POLICY 6 ALL M ESTIMATED TO THE EXECUTIVE COMMITTEE OF INTEREST SUBJECT TO THE BOARD AND ABSTENTIONS FROM VOTING SHALL BE DULY NOTED. IN THE MINUTES OF ALL M METAL BAS A CONFLICT OF INTEREST SUBJECT TO THE BOARD		
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE COMPENSATION FOR THE PRESIDENT WAS ESTABLISHED IN HER EMPLOY MENT CONTRACT, WHICH WAS E NTERED INTO IN 2013 THE COMPENSATION WAS SET AFTER A REVIEW OF DATA FROM PERTINENT INSTITUTIONS		
Form 990, Part VI, Line 19 Required documents available to the public	BENNINGTON COLLEGE MAKES FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST, AS REQUIRED HOWEV ER, ALL OTHER DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC		
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER MISCELLANEOUS REVENUE - Total Revenue 226303, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 226303,		
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF INVESTMENT RETURN ON LONG-TERM INVESTMENTS36128, CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENTS396625, CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 29389,		
PART VII - COMPENSATION SECTION A	ELIZABETH COLEMAN WAS THE FORMER PRESIDENT OF THE COLLEGE SHE THEN TRANSFERRED TO THE POS ITION OF DIRECTOR OF THE CENTER FOR THE ADVANCEMENT OF PUBLIC ACTION THE COMPENSATION REP ORTED REFLECTS HER COMPENSATION AS THE DIRECTOR OF THE CENTER FOR THE ADVANCEMENT OF PUBLI		

FOR THE ADVANCEMENT OF PUBLI

C ACTION

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# **SCHEDULE R** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Inspection **Employer identification number** 

Sennington College Corporation	03-01794	14						
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity			

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

There related tax exempt organizations during the	tax year.						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section (13) cor entil	512(b) ntrolled
						Yes	No

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprt	ionate	Code V-UBI	General of	r   Percentag
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocatio	ns?	amount in box	managın	j ownershij
-		(state or	entity	unrelated,		assets			20 of	partner?	
		foreign		excluded from					Schedule K-1		
		country)		tax under					(Form 1065)		
				sections 512-							
				514)							
				<b>'</b>			Yes	No		Yes No	•
											<u> </u>

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i) contro enti	n 512 13) olled ty?
								Yes	No
(1) BENNINGTON COLLEGE REST & CATERERS LTD  ONE COLLEGE DRIVE BENNINGTON, VT 05201 03-0287721	DINING SERVICE	VT	NA	C Corporation	0	0	100 %	Yes	
(2) CHARITABLE REMAINDER TRUST (1) ONE COLLEGE DRIVE BENNINGTON, VT 05201	TRUST	СТ	NA	Trust				Yes	
(3) PERPETUAL TRUST (1) ONE COLLEGE DRIVE BENNINGTON, VT 05201	TRUST	VA	NA	Trust				Yes	
(4) PERPETUAL TRUST (1) ONE COLLEGE DRIVE BENNINGTON, VT 05201	TRUST	MN	NA	Trust				Yes	
(5) LEAD TRUST (1) ONE COLLEGE DRIVE BENNINGTON, VT 05201	TRUST		NA	Trust				Yes	

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

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

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

1 <u> </u>													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No	
									$\Box$	1			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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