- e- "	000_T	E	Exempt Organization Busin			Reţuri	Y	L	OMB No 1545-0687	7
Form	990-T	For calo	(and proxy tax under and proxy tax under and proxy tax under and proxy tax year beginning 07/0			190	0		2018	
Denado	nent of the Treasury	oi cale	► Go to www.irs.gov/Form990T for instru							
•	Revenue Service	►Doi	not enter SSN numbers on this form as it may be				I(c)(3).	Ope 501	n to Public Inspection (c)(3) Organizations (n for Only
$\overline{\Box}$	Check box if address changed	<u> </u>	Name of organization (r identification num	
	npt under section		BENNINGTON COLLEGE CORPORATION	_	·				es' trust, see instructio	
	01(C (3)	Print* or	Number, street, and room or suite no. If a P.O. box	, see in	structions			0	3-0179414	
□ 40	08(e) 220(e)	Туре	ONE COLLEGE DRIVE						business activity co	de
□ 40	08A 🔲 530(a)	1,7,20	City or town, state or province, country, and ZIP or	foreign	postal code		(See	ınstrı	uctions)	
5	29(a)		BENNINGTON, VT 05201						531120	
C Book at er	yalue of all assets		oup exemption number (See instructions.							
	138,321,023		eck organization type 🕨 🗹 501(c) corp			ust 🗌	401(a) tru	st 🔃 Other tr	rust
			organization's unrelated trades or busines			_			or first) unrelated	
					nly one, complete f					
			t the end of the previous sentence, com	plete	Parts I and II, con	nplete a S	chedul	е М	for each addition	ona
			omplete Parts III-V							
			e corporation a subsidiary in an affiliated grou	•	•	ontrolled gi	roup?	ļ	► 🗌 Yes 🗹 l	No
			and identifying number of the parent corp	oratio			_			
			BRIAN MURPHY		· ' '	ne numbe			(802) 440-4328	
			e or Business Income		(A) Income	(B) Ex	penses		(C) Net	<u>/</u>
1a	Gross receipts				_		-	- 1		·
b	Less returns and a			1c	0		·		· /	• • •
2	_	•	schedule A, line 7)	2	0	ļ. ·	1	\dashv		<u> </u>
3	•		line 2 from line 1c	3	0	 ` 	· '	\dashv	0	
4a			ne (attach Schedule D)	4a	0	 	-+	\dashv	0	
b		•	1797, Part II, line 17) (attach Form 4797)	4b	0	 			/ 0	
c	Capital loss de			4c	0			/	0	
5 6			nership or an S corporation (attach statement)	5 6	582,562	210	2566		0	
7	Rent income (S		-	7	0	313	0		268,996	
8			ed income (Schedule E)	8	0	 	0	\dashv	0	
9			and rents from a controlled organization (Schedule F)	9	0	-/-	0	\dashv	0	
10			vity income (Schedule I)	10	0	$\overline{}$	- 0	\dashv	0	
11	Advertising inc			11	0/	1	0	\dashv	0	
12	_	-	ructions; attach schedule)	12		 	-	-	0	
13	Total. Combin		•	13	. 582,562	313	3,566		268,996	
			Taken Elsewhere (See instructions for					COn		
			be directly connected with the unrelate			//IS / (EXC	,pt 101	COII	indutions,	
14			cers, directors, and trustees (Schedule K)					14	0	
15	Salaries and w			/5		GD.	٦ ⊢	15	103,241	
16	Repairs and m	aintena	nce /	´ \	RECEIV			16	0	
17	Bad debts		/.	. \			₹ \ -	17	0	_
18	Interest (attach	sched	ule) (see instructions)	1	20 JUL 20	2020		18	0	
19	Taxes and lice	nses .		Į	a .		£۱ [19	300	
20	Charitable con	tributio	ns (See instructions for limitation rules)		PEPEN	·1 iT·	1 7	20	0	
21	Depreciation (a	attach F	form 4562)		(D201)CIV					
22	Less depreciat	ion clai	med on Schedule A and elsewhere on ref	turn	. 22a	0	2	2b	0	
23	Depletion		./					23	0	
24			red compensation plans					24	0	
25	Employee ben		- /					25	0	
26			ses (Schedule I)	•		•	. [2	26	0	
27			sts (Schedule J)		•			27	0	
28	Other deduction		•			-	کے ایم	28	207,369	
29			d lines 14 through 28				20 2	29	310,910	
30	/		kable income before net operating loss de				3 🔼	ip	(41,914)	
31			iting loss arising in tax years beginning on or		•			1		1
32		-	xable income Subtract line 31 from line 3	30 .	· · · · · ·	- 20	M 13	2_	(41,914)	
For Pa	perwork Reducti	on Act l	Notice, see instructions.		Cat No 11291J	•	١.	1	Form 990-T (20	018)

Form 990	- <u>T</u> (2018)				Pa
Part I	Total Unrelated Business Taxabl	e Income			
33	Total of unrelated business taxable income	e computed from all unrelated trades or	businesses (se	ee ;	
	instructions)	· · · · · · · · · · · · · · · · · · ·		1 33	1,821
34	Amounts paid for disallowed fringes	$\frac{1}{2}$		34	
	Deduction for net operating loss arising	in tax years beginning before Januar	y 1, 2018 (se		
	instructions)			35	o
36	Total of unrelated business taxable income	before specific deduction. Subtract line:	35 from the su		-
	of lines 33 and 34		מג	36	1,821
37	Specific deduction (Generally \$1,000, but se	ee line 37 instructions for exceptions)	Z	37	1,000
	Unrelated business taxable income. Subt		ter than line a		
	enter the smaller of zero or line 36.		Y/K	VII 38	821
Part I				1111 00 1	- 021
	Organizations Taxable as Corporations.	Multiply line 38 by 21% (0.21)	UARO.	1 39	172
	Trusts Taxable at Trust Rates. See		· · · · · · · · · · · · ·	on 39	1/2
	the amount on line 38 from. Tax rate sch	•	icome tax c	 -	
		leadie of Schedule B (Form 1041)		40	
	Proxy tax. See instructions .	· Davt	· 11 · · · • •	► 41 40	
	•	Part		42	
	Tax on Noncompliant Facility Income. Se		4/14	43	
	Total. Add lines 41, 42, and 43 to line 39 or	40, wnicnever applies	<u>"\"\"</u>	7 44 _	172
_	Tax and Payments	40.	· ·	r (···
	Foreign tax credit (corporations attach Form 11	7		<u> </u>	
	,			 	!
	General business credit Attach Form 3800			→	
	Credit for prior year minimum tax (attach Fo	rm 8801 or 8827)			
	Total credits. Add lines 45a through 45d	· · · · · · · · · · · · · · · · · · ·)	Q 45e	0
	Subtract line 45e from line 44			46	172
47	Other taxes Check if from 🔲 Form 4255 🔲 Form	m 8611 🔲 Form 8697 🔲 Form 8866 🔲 Other (a	ttach schedule)	9 47	0
48	Total tax. Add lines 46 and 47 (see instructi	ons)	40	4 48	172
49	2018 net 965 tax liability paid from Form 96	5-A or Form 965-B, Part II, column (k)∱lin	e 2	49	
50a	Payments: A 2017 overpayment credited to	2018 50 a	0		
b	2018 estimated tax payments		0		
C	Tax deposited with Form 8868 .			.	
d	Foreign organizations. Tax paid or withheld	at source (see instructions) . 50d			
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance p	oremiums (attach Form 8941) 50f			
g	Other credits, adjustments, and payments	☐ Form 2439			
	☐ Form 4136 ☐ Oth	ner 0 Total ▶ 50jg	0		-
51	Total payments. Add lines 50a through 50g	,		\$1	0
52	Estimated tax penalty (see instructions) Cha	eck if Form 2220 is attached .	ا⊈یہ	□ 52	
	Tax due. If line 51 is less than the total of lir		44 1	€ 53	172
54	Overpayment. If line 51 is larger than the to	otal of lines 48, 49, and 52, enter amount	overpaid	▶ 54	0
58	Enter the amount of line 54 you want	2019 estimated tax ▶ 0	Refunded I	▶ 55	0
art V	Statements Regarding Certain A	ctivities and Other Information (see	instructions)	1	
_	At any time during the 2018 calendar year,			r other author	ority Yes I
	over a financial account (bank, securities, o				
	FinCEN Form 114, Report of Foreign Bank		•	•	1 1
	here ►	•		-	-
57	During the tax year, did the organization receive	a distribution from, or was it the grantor of, or	transferor to. a	foreian trust?	
	If "Yes," see instructions for other forms the			. 2.3 43.	
	Enter the amount of tax-exempt interest rec	·	\$. ا ي دوا
	Under penalties of perjury, I declare that I have examine	d this return, including accompanying schedules and sta	tements, and to the	best of my know	wledge and belief
Sign	true, correct, and complete Declaration of preparer (other	than taxpayer) is based on all information of which prepare	arer has any knowled	ge ———	
lere	Ben Filler	17/14/2020 TREASURER			RS discuss this re- reparer shown be
1616	Signature of officer	- Date Title		(see instruc	tions)? TYes
	Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid		Tropardi Sagnature	Date	Check if	T TIN
Prepa		<u> </u>		self-employed	
Jse C	nly Firm's name >			Firm's EIN ►	
	Firm's address ▶			Phone no	
					Form 990-T (2

	3 0-1 (2018)								F	Page 3
Sche	dule A—Cost of Goods Sold.	Ente	r method of in	ventory	valuation 🕨					
1	Inventory at beginning of year	1	1,366	6	Inventory	at end of year	6		1,298	_
2	Purchases	2	4,297	7	Cost of	goods sold. Subtract				
3	Cost of labor	3	0			n line 5 Enter here and				1
4a	Additional section 263A costs				ın Part I, lı	ne 2	7	l	4,365	L.
	(attach schedule)	4a	0	8	Do the ru	iles of section 263A (wit	h res	pect to	Yes	No
b	Other costs (attach schedule)	4b	0			produced or acquired for	resale	e) apply		
5	Total. Add lines 1 through 4b	5	5,663			anization?	<u>.</u>	•		
Sche	dule C-Rent Income (From F	eal	Property and	Person	al Property	Leased With Real Pro	perty	y)		
(see	instructions)									_
1. Desc	ription of property									
(1) REI	NTAL INCOME									
(2)										
(3)	<u>-</u>									
(4)										
	2. Rent rec	eived o	or accrued							
	om personal property (if the percentage of rer personal property is more than 10% but not more than 50%)		(b) From real and percentage of rent f 50% or if the rent i	or personal	property exceeds	3(a) Deductions directly in columns 2(a) and				ıe
(1)	582,56	2							313	3.566
(2)		1		··						-,000
(3)					•					
(4)										
Total	582,56	2 To	otal			0				
	al income. Add totals of columns 2(a)					(b) Total deductions. Enter here and on page	1			
	nd on page 1, Part I, line 6, column (A)	21 IG 21	(b) Litter		582,56				. 313	3,566
	dule E-Unrelated Debt-Finan	ced	Income (see	instructioi	ns)					
	Description of debt-financed pr	operty	,		income from or to debt-financed	3. Deductions directly con debt-finance	ed pro	perty		
					roperty	(a) Straight line depreciation (attach schedule)	(1	b) Other dec attach sch		s
(1)										
(2)										
(3)	<u> </u>						<u> </u>			
(4)	*******									
	acquisition debt on or of locable to debt-financed debt-	or allo finance	djusted basis cable to ed property chedule)	4	Column divided column 5	7. Gross income reportable (column 2 × column 6)		Allocable de mn 6 × total 3(a) and 3	of colu	
(1)					%					
(2)					%			-	-	
(3)					%					
(4)					%					
						Enter here and on page 1, Part I, line 7, column (A)		r here and I, line 7, co		
Totals					•					0
	lividends-received deductions include	d in c	column 8		•	•				0
							<u> </u>	- 00	70 T	

Schedule F-Interest, Ann	uities 	, Royalties,				Controlled Org l Organizations	janizations (se	e instru	ctions)	
Name of controlled organization		Employer fication number			ated income nstructions)	4. Total of specifie payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)		_								
(2)										<u> </u>
(3)										
(4)						<u> </u>			ł	
Nonexempt Controlled Organia	zations	<u> </u>								
7. Taxable Income		. Net unrelated ind loss) (see instructi				otal of specified yments made	10. Part of column included in the organization's groups	controlling	conne	eductions directly cted with income in column 10
(1)										
(2)										
(3)			-							
(4)										
Table							Add columns 5 Enter here and c Part I, line 8, co	on page 1. olumn (A)	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals Schedule G – Investment I	lnoon	o of a Soot	ion f	501/6	1/71 (01	or (17) Organi	zation (see use		0	0
Schedule G - Investment	IIICOII	ie oi a sect	ion s	טוועכ		Deductions				otal deductions
1. Description of income		2. Amount of	incon	ne 	direc	ctly connected ach schedule)	4. Set-aside (attach sched		and s	et-asides (col 3 plus col 4)
(1)										
(2)					-					
(3)										
(4)		Enter have and		2001	 , 	•	<u> </u>		Catar ba	
		Enter here and Part I, line 9, c			**		J			re and on page 1, ne 9, column (B)
Totals	•			0	1-	•	·			, 0
Schedule I—Exploited Exe	empt /	Activity Inco	me.	, Oth	er Than	Advertising Ir	come (see inst	ructions	s)	
Description of exploited activity	ity	2. Gross unrelated business incor from trade o business	- 1	di conne prodi uni	rectly rected with uction of related ss income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses Itable to Imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										_
(3)										
(4)									-	
		Enter here and page 1, Part line 10, col (A	ι,	page	ere and on 1, Part I,), col (B)		,		•	Enter here and on page 1, Part II, line 26
Totals	>	•	0		0					0
Schedule J-Advertising I										
Part I Income From P	eriod	icals Repor	ted o	on a	Consoli	dated Basis				
1 Name of periodical		2. Gross advertising income			Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	1	dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										j
(3)]
(4)										
Totals (carry to Part II, line (5))	•		0		0	0				0
									F	orm 990-T (2018)

(2)

(3)

(4)
Total. Enter here and on page 1, Part II, line 14

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ach periodical l	isted in Part I	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I .	0	0	•	•		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	_	, .	t	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5)	0	0		i		0
Schedule K—Compensation of	Officers, Direc	tors, and Trus	stees (see instru	uctions)		-
1. Name		2	. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)				9	6	

Form **990-T** (2018)

0

%

%

% ►

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

BENN	INGTON COLLEGE CORPORATION				03-0179	414	
Ur	irelated business activity code (see instructions) ► 531390			-			
De	scribe the unrelated trade or business REDEVELOPMENT OF	BUIL	DING				
Part	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	
1a	Gross receipts or sales 0				1		
b	Less returns and allowances 0 c Balance ▶	1c	0				
2	Cost of goods sold (Schedule A, line 7)	2	0				
3	Gross profit Subtract line 2 from line 1c	3	0			0	
4a	Capital gain net income (attach Schedule D)	4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	·		0	
С	Capital loss deduction for trusts	4c	0			0	
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	1,821			1,821	
6	Rent income (Schedule C)	6	0	C		0	
7	Unrelated debt-financed income (Schedule E) .	7	0	C		0	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	0	c		o	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	c		О	
10	Exploited exempt activity income (Schedule I)	10	0	C		0	
11	Advertising income (Schedule J)	11	0	C		0	
12	Other income (See instructions, attach schedule)	12	0			0	
13	Total. Combine lines 3 through 12	13	1,821	C		1,821	
Part	Deductions Not Taken Elsewhere (See instructions for deductions must be directly connected with the unrelate			ns.) (Except f	or contr	ributions,	
14	Compensation of officers, directors, and trustees (Schedule K)			•	14	0	
15	Salaries and wages				15	0	
16	Repairs and maintenance				16	0	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses			•	19	0	
20	Charitable contributions (See instructions for limitation rules) .			٠,٠	20	0	
21	Depreciation (attach Form 4562)		21	0			
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a	0	22b	0	
23	Depletion	•			23	0	
24	Contributions to deferred compensation plans	•		•	24	0	
25	Employee benefit programs				25	0	
26	Excess exempt expenses (Schedule I)		•	•	26	0	
27	Excess readership costs (Schedule J)		•	•	27	0	
28	Other deductions (attach schedule)		•	•	28	0	
29	Total deductions. Add lines 14 through 28	•			29	0	
30	Unrelated business taxable income before net operating loss d				30	1,821	
31	Deduction for net operating loss arising in tax years beginn	ing or	or after January	1, 2018 (see	_		
	instructions)	•			31	0	
_32	Unrelated business taxable income Subtract line 31 from line 3		: -		32	1,821	
F B	anuark Paduation Act Natica, can instructions	O-4 N	a 71220V		0-6-4-1-	M (Carry 000 T)	0040

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number BENNINGTON COLLEGE CORPORATION 03-0179414 Unrelated business activity code (see instructions) ▶ 453220 Describe the unrelated trade or business ▶ GIFT SHOP IN HISTORIC ROBERT FROST HOUSE Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 0 **b** Less returns and allowances c Balance ▶ 1c 23,525 2 Cost of goods sold (Schedule A, line 7) 2 4,365 19.160 3 Gross profit. Subtract line 2 from line 1c. 3 19.160 4a Capital gain net income (attach Schedule D) 4a 0 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 **c** Capital loss deduction for trusts . . . 0 4c n Income (loss) from a partnership or an S corporation (attach statement) . . . 5 0 0 6 Rent income (Schedule C) . . 6 0 0 0 Unrelated debt-financed income (Schedule E) . 7 0 0 7 0 R Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0 0 0 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 0 9 0 O 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 Advertising income (Schedule J) 11 0 0 12 Other income (See instructions, attach schedule) 12 n Total. Combine lines 3 through 12 13 13 19,160 0 19.160 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 n 15 Salaries and wages 15 49,274 Repairs and maintenance 16 16 17 Bad debts 17 O 18 Interest (attach schedule) (see instructions) . 18 0 Taxes and licenses 19 19 n 20 Charitable contributions (See instructions for limitation rules) 20 ٥ 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 0 23 Depletion . 23 . . 0 24 Contributions to deferred compensation plans 0 24 25 Employee benefit programs . 25 0 26 Excess exempt expenses (Schedule I) 26 0 27 Excess readership costs (Schedule J) . . 27 0 28 28 487 Other deductions (attach schedule)

For Paperwork Reduction Act Notice, see instructions.

instructions) .

Total deductions. Add lines 14 through 28

. .

Unrelated business taxable income Subtract line 31 from line 30

Cat No 71329Y

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

49.761

(30,601)

(30,601)

29

30

31

32

29

31

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
BRG		
(1) BENNINGTON REDEVELOPMENT GROUP	81-2685933	1,821
	Total for Part I, Line 5	1,821

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
RENTAL INCOME		<u> </u>
(1) VT CORPORATION TAX		300

Form 990T Part II, Line 28	Other Deductions		
	December		Amazak
RENTAL INCOME	Description		Amount
(1) FUNCTION COSTS			48,956
(2) UTILITIES & HOUSING			158,413
		Total	207,369
FROST HOUSE		-	-
(3) EVENT COSTS			487

\sim		\sim	Lina	3(a)
	LUIKSI	١.,		വല

Deductions directly connected with the income in columns 2(a) and 2(b)

RENTAL INCOME		
(1) RENTAL INCOME	Description	Amount
	OPERATIONAL EXPENSES	181,252
	FUNCTION COSTS	132,314
	Tot	al 313,566
Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)		313,566