

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



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

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

A	For th	e 2011 calendar year, or tax year beginning J	UL 1, 2011 and end	ding J	UN 30,	2012				
В	Check if	C Name of organization			D Employer	identific	ation number			
	applicab	The President and Frie	nds of Middlebury							
	Addre	ss Collogo	_		,					
F	Name	David Barriera As				03-02	285938			
F	Initial	North and also at the D.O. how if mail is not dolo	vered to street address) Roo	m/suite	E Telephone	e number		-		
F	Termi	`	23				143-5699			
F	ated Amen return	ded Out and 71D . 4			G Gross receip	ts \$	1,416,	855.		
F	Apple			H(a) is this a group return						
	pendi		ame and address of principal officer:Ronald D. Liebowitz							
		Old Chapel, Middlebury,			H(b) Are all at	filiates incl	uded? Yes [No		
$\overline{\Gamma}$	Tax-ex			527	If "No,"	attach a l	ist (see instruction	ons)		
		te: ▶ none			H(c) Group e			,		
			sociation Other >	L Year	of formation 1	982 M	State of legal dom	icile VT		
	art I	Summary								
	1	Briefly describe the organization's mission or most	significant activities: See SC	hedu	le O fo	r cor	nplete			
Activities & Governance		mission statement.								
Ē	2	Check this box ▶ ☐ if the organization discor	atinued its operations or disposed	of more	than 25% of	ts net ass	sets			
ove	3	Number of voting members of the governing body	·			3		3		
Ğ	4	Number of independent voting members of the gov				4		3		
ş	5	Total number of individuals employed in calendar y	ear 2011 (Part V, line 2a)			5		0		
ž	6	Total number of volunteers (estimate if necessary)				6		0		
Ę	7 a	Total unrelated business revenue from Part VIII, col	lumn (C), line 12			7a		0.		
•	b	Net unrelated business taxable income from Form 9	990-T, line 34			7b		0.		
				Prior Yea		Current Ye				
ā	8	Contributions and grants (Part VIII, line 1h)				0.		0.		
Revenue	9	Program service revenue (Part VIII line 2a)				0.		0.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and toll E			0.		0.		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 60, 80	90 400, and 11e)		672,	053.	856,	911.		
	12	Total revenue - add lines 8 through 11 (must equal)	Part VIII, column (3A), ime(12)		672,	053.	856,	911.		
	13	Grants and similar amounts paid (Part IX) column (and similar amounts paid (Part IX) column (A), lines 3							
	14	Benefits paid to or for members (Part IX, column (A	Wifie 4)			0.		0.		
S	15	Salaries, other compensation, employee behefits (F	Part IX, exclumin (A) Jimes 5-10)		- 105	0.		0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	UEA/IE)			0.		0.		
ğ		Total fundraising expenses (Part IX, column (D) line		•						
ũ		Other expenses (Part IX, column (A), lines 11a-11d,		·	1,109,		1,221,			
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		1,109,	999.	1,221,	<u>061.</u>		
	19_	Revenue less expenses. Subtract line 18 from line	12		-437,	946.	-364,	150.		
9			 :	Ве	ginning of Curr	ent Year	End of Yea	ar		
sets	20	Total assets (Part X, line 16)				139.		872.		
d As	21	Total liabilities (Part X, line 26)			<u>10,393,</u>		10,753,			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		10,339,	690.	-10,703,	840.		
P	art II	Signature Block								
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules an	nd statem	ents, and to the	best of my	/ knowledge and be	lief, it is		
true	, correc	t, and complete Declaration of preparer (other than office	r) is based on all information of which	preparer						
				_		114/13				
Sig	n	Signature of officer			Date					
Her	e	Patrick Norton, VP Fina	ance and Treasure	r						
		Type or print name and title								
_		Print/Type preparer's name	Preparer's signature	[Date	Check	PTIN			
Paid	1			L		self-employe	d			
Prep	arer	Firm's name	Firm	s EIN 🛌						
Use	Only	Firm's address ▶								
		<u>-</u>			Phor	е по	· •			
May	the If	RS discuss this return with the preparer shown abo	ve? (see instructions)				Yes	No		
1320	01.01.2	3-12 LHA For Paperwork Reduction Act Notic	e. see the separate instructions	i.			Form 99	0 (2011)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

_	The President and Friends of Middlebury	02 0295029 - 0
	rt III Statement of Program Service Accomplishments	03-0285938 Page 2
Pa		
4	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: See Schedule O for complete mission statement.	
	bee beneatte o for complete mibbion beatement.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$1, 221, 061. including grants of \$) (Reven	ue\$ 856,911.)
	Juice Bar, Grille and Dining Events	
		•
4b	(Code) (Expenses \$	ue\$)
_	<u></u>	
4c	(Code) (Expenses \$	ue\$)
		····
_		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,221,061.	
		Form 990 (2011)

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	ļ.,
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	3		X
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	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		Х
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	X	
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		X
C	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		X
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			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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		X
12a				.,
_	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
В	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Page 4

۲a	rt iv Checklist of Required Schedules (continued)			
	,		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23	<u>X</u>	ļ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		<u> </u>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	'		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	'		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes, "-complete Schedule M	30		-X-
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31]	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
0_	Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1000		†
D		35b	1	X
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	1335		 -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		X
	If "Yes," complete Schedule R, Part V, line 2	100	-	 **
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27	1	X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		+ <u>^</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	-
	Note. All Form 990 filers are required to complete Schedule O			(2011)
		rorm	JJU	(2011)

Form 990 (2011)

03-0285938

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if ochequie of contains a response to any question in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
		o l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		-	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 ^ -
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
b	were not tax deductible?	6ь	ļ	
7	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		X
	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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		-	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	00	[1
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:	35		-
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
	Section 501(c)(12) organizations. Enter:	7		
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	ļ	ļ
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	4		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	ļ
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.	1		
	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	+		
	Enter the amount of reserves on hand Did the expectation receives any payments for indeer tanging services during the tay year?	14-	ŀ	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	-	 ^
0	ii 185, Has it liled a Fortii 720 to report triese payments : II 190, provide an explanation in Schedule O		990	(2011)

132005

Form 990 (2011)

College

03-0285938

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X					
Sec	tion 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		- 1						
	officer, director, trustee, or key employee?	2		<u> </u>					
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_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6 Did the organization have members or stockholders?									
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		_X_					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	The governing body?	8a	Х						
	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	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?									
	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									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	-12b-							
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							
13	Did the organization have a written whistleblower policy?	13		X					
14	Did the organization have a written document retention and destruction policy?	14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶VT								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	rcial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition: 🕨							
	Patrick J. Norton - 802-443-5699								
	Old Chapel Road, Middlebury, VT 05753								
3200									

01-23-12

Form 990 (2011)

Page 7

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)	•		(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless person is b officer and a director/tr		is bot	h an	compensation	compensation	amount of	
	week	_	CCI AI		T CO),,au	Γ,	from	from related	other
	(describe hours for	Individual trustee or director		ĺ	ĺ	ъ		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	Stee			nsate		(W-2/1099-MISC)	(1, 2, 1000 111100)	organization
	organizations	1 2	ם		8	ê.				and related
	ın Schedule	Mobila	Institutional frustee	8	Key employee	Highest compensated employee	Former		i	organizations
		르	<u> </u>	3 0€	ર્	₹5	횬			
(1) Ronald D. Liebowitz	2 00					1			407 471	00 704
President and Chair	2.00	├—	_	X			<u> </u>	0.	407,471.	89,734.
(2) Elizabeth Robert	2 00			.,		ĺ				_
Vice Chair	2.00	├—	_	Х		<u> </u>		0.	0.	0.
(3) Patrick J. Norton	2 00			,,					226 216	162 207
Treasurer	2.00	 		Х	 	<u> </u>		0.	236,216.	163,387.
(4) Thomas J. Corbin	2 00			U				0.	142,205.	AE 107
Secretary	2.00	├—		Х		1	-	0.	142,203.	45,197.
		├	-	-		 	<u> </u>			
		┼─	\vdash	-						
		├─		\vdash	\vdash	-	-			
		╁	\vdash	-		-				
		╁	-		\vdash					-
	İ				ĺ					
		t								
		ŀ				Ì				
			İ							
		<u> </u>								
	1									
,										
				<u> </u>	L	L	L			
						L				
-										
			l		1	l	l			

Page 8

44.	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) Name and title	(B) Average hours per week (describe hours for	Position (do not check more than one box, unless person is both a officer and a director/trustee				than is bot or/trus	one han tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	Estimated amount of other compensation from the				
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organizati and relate organizatio					
				/												
													···			
							_									
						-										
	Sub-total Tatal from postinuation charts to Post V	Il Section A					>		0.	785,89	92.					
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n		ose	liste	ed a	bove	e) wh	no re	0.	785 , 89	92.	29	8,3	18.		
	compensation from the organization						_						Yes	No		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch ındıvidual										3		х		
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete :	Sche	edule	e <i>J f</i>	or such individual			4	Х			
	rendered to the organization? If "Yes," com							CIAL	ed organization of malv			5		X		
Sect 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	pensa	ation f	rom			
	the organization. Report compensation for								the organization's tax		<u> </u>					
	(A) Name and business	address	NC	INC	Ξ			-	(B) Description of s	ervices	C	(C omper		on		
	<u></u>										-	•				
			-													
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lu	mite	d to	tho	se li:	stec	d above) who received n	nore than				/2011\		

	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1	а					
gra 10		b	Membership dues	1	ь					
Ar.]	¢	Fundraising events	<u> 1</u>	<u>c</u>					
ig ja		d	Related organizations	' 1	d _					
ži.Š		е			e					
e ti		f	All other contributions, gifts, gran							
Contributions, Gifts, Grants and Other Similar Amounts	ļ		similar amounts not included abo		<u>f</u>				_	
200		g		s 1a-1f \$,	
OB	_	h	Total. Add lines 1a-1f			Dual and Carlo				
6)	_	_				Business Code		•		
Š.	2	a						 		
Ser		b c								
a Se		d				·				
Program Service Revenue		e								
ď		f	All other program service reve							
		g	Total. Add lines 2a-2f			>				
	3		Investment income (including	dividends,	ıntere	est, and				
			other similar amounts)			>				
	4		Income from investment of ta	x-exempt b	ond p	roceeds -				
	5		Royalties			<u> </u>				
				(i) Rea	al	(ii) Personal				
	6	а	Gross rents			<u> </u>		-		
		b	Less: rental expenses							
		_	Rental income or (loss)	<u></u>					į	
	_	d	Net rental income or (loss)	(1) (2)		(1) (2)			· · · · · · · · · · · · · · · · · · ·	
	′	а	Gross amount from sales of	(ı) Secur	ities	(II) Other				'
		L	assets other than inventory Less, cost or other basis	 		 				
			and sales expenses							
		С	Gain or (loss)	—		 				
_			Net gain or (loss)			>		[•	
a	8		Gross income from fundraisin	ig events (n	ot					
ž			including \$			1				
ě			contributions reported on line							
Other Revenue		•	Part IV, line 18		а					
뜑		b	Less: direct expenses		b	L				
			Net income or (loss) from fund	_						
	9	а	Gross income from gaming as	ctivities. Se						•
		_	Part IV, line 19		a					
			Less: direct expenses		b					
			Net income or (loss) from gan		es					
	10	а	Gross sales of inventory, less and allowances	returns	•	1 416 955				
		h	Less: cost of goods sold		a b	1,416,855. 559944.				
			Net income or (loss) from sale	e of invent	_	3333110	856,911.	856,911.	:	
		<u> </u>	Miscellaneous Revenu		OIY	Business Code	030/311.	030/3111		
	11	a				Dusiness Code]	:	
	••	b								
		c								
		d	All other revenue		,					
		е	Total. Add lines 11a-11d			•				
	12		Total revenue. See instructions				856,911.	856,911.	0.	0.
13200 01-23)9 -12									Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to

COTTI	nete columns (b), (C), and (D).				
	Check if Schedule O contains a respon	se to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising expenses
			expenses	-general expenses	ехрепаеа
1	Grants and other assistance to governments and				
•	organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in			+	
2	the United States. See Part IV, line 22			Į.	
3	Grants and other assistance to governments,			, '	4
3	organizations, and individuals outside the	•			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above, to disqualified			-	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				,
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other				
12	Advertising and promotion				
13	_Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			·	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0) Administrative Fee	989,757.	989,757.		
a	Miscellaneous	167,482.	167,482.		
b	Bulk Paper Supplies	38,768.	38,768.		
C	Q.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25,054.	25,054.		
d		23,031.	23,0310		
	All other expenses	1,221,061.	1,221,061.	0.	0.
25	Joint costs Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
•	Check here fifted following SOP 98-2 (ASC 958-720)				
	II IONOWING COT GO E [ACC GOS TEO]				

College '

03-0285938 Page **11**

•		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	12,137.	1	18,230
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			`
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), 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)	·	6	
7	Notes and loans receivable, net		7	
ĝ 8	Inventories for sale or use	42,002.	8	31,642
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other		,	
1	basis. Complete Part VI of Schedule D 10a]		
	b Less: accumulated depreciation 10b]	10c	
11	Investments - publicly traded securities		11	
12			12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	54,139.	16	49,872
17	Accounts payable and accrued expenses	25,243.	17	27,119
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			,
i	of Schedule L		22	
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	10,368,586.	25	10,726,593
26		10,393,829.	26	10,753,712
	Organizations that follow SFAS 117, check here X and complete			
,	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-10,339,690.	27	-10,703,840
28	Temporarily restricted net assets		28	<u> </u>
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-10,339,690.	33	-10,703,840
34	Total liabilities and net assets/fund balances	54,139.		49,872

Form **990** (2011)

	The President and Friends of Middlebury	0.3	020E	0.20	_	40
	990 (2011) College	0.3	<u>-0285</u>	938	Pag	ge 12
Ра	Reconciliation of Net Assets				•	
	Check if Schedule O contains a response to any question in this Part XI					<u> </u>
				٥.	- ^	
1						$\frac{11}{61}$.
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,0	
3	Revenue less expenses. Subtract line 2 from line 1	3				50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10	,33	9,6	
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6					40.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
	,				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audı	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	ı			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle A	udıt			
	Act and OMB Circular A-133?			3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired at	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The President and Friends of Middlebury College

Reason for Public Charity Status (All organizations must complete this part) See instructions.

Employer identification number 03-0285938

The organi	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)) .				
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	ne,
	city, and stat	te:										
5	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governr	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental unit	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	An organizati	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ental unit o	r from the	general p	oublic desc	ribed i	n
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, an	nd gross red	ceipts	from
	activities rela	ited to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
			axable income (less sect									
		509(a)(2). (Complete			•		•					
10			perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I).				
11			perated exclusively for th						y out the	purposes o	f one	or
			ations described in section									
	-		organization and comple				,					
	a Type I	· · · -	ק <u>`</u> '		e III - Func		egrated		d	Type III - C	Other	
e 🗀			t the organization is not				_	r more disc	gualified o			ın
	-		han one or more publicly									
f		•	ten determination from t		-				λ(α)(1) Οι ς	30011011 003	,(G)(E).	
•		rganization, check th			at it is a 1 y	pc 1, 13pc	п, от турс	, ,,,,				
•		-	rganization accepted ar	w alft or c	ontribution	from any	of the follo	owing nem	cone?			\
9			rectly controls, either al								Yes	No
		•	•	one or tog	ether with	persons c	iescribed i	iii (ii) aitu (iii) below,		162	140
	_		upported organization?					•		11g(i)		
			described in (i) above?		-0					11g(ii)	-	
	-	•	person described in (i) o							11g(iii)	<u> </u>	
h	Provide the to	ollowing information	about the supported or	ganization	(S).							
			(iii) Type of	<u></u>				(vi) to	the			
	of supported	(II) EIN	organization		organization sted in your		on in col-	(vi) Is organization	on in col	(vii) Am		f
orga	nızatıon		(described on lines 1-9		document?		support?	(i) organız U S	ed in the	sup	port	
		,	above or IRC section		No	Yes	No	Yes				
			(see instructions))	Yes	NO	res	NO	res	No			
				ĺ	i		1	i	1			
					 			 				
				j	ļ	j	}]			
		··		 			ļ	 	-			
									1			
				<u> </u>			ļ	<u> </u>	 			
								<u> </u>	 			
					1							
		7		ļ	ļ		ļ	ļ	 			
Total				<u> </u>				<u> </u>				

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

P	art II Support Schedule for	Organizations	s Described in	Sections 170)(b)(1)(A)(iv) and	1 170	0(b)(1)(A)(vi) 1	
	(Complete only if you checke			-	on failed to qualify t	ınder	Part III. If th	e organizat	llon
	fails to qualify under the tests	s listed below, plea	ase complete Part	· III)					
Se	ction A. Public Support								
	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) To	tal
1	Gifts, grants, contributions, and	İ				ł			
	membership fees received. (Do not					l			
	include any "unusual grants.")		<u> </u>	ļ				 	
2						l		1	
	ization's benefit and either paid to			1		l			
	or expended on its behalf					<u> </u>			
3	The value of services or facilities					l		1	
	furnished by a governmental unit to	ļ		1	1	1		}	
	the organization without charge							 	
4	Total. Add lines 1 through 3					ļ		 	
5	The portion of total contributions					į			
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included					ĺ			
	on line 1 that exceeds 2% of the					ĺ			
	amount shown on line 11,					į			
	column (f)			<u> </u>			····	↓	
	Public support. Subtract line 5 from line 4	<u> </u>		ļ <u>.</u>		<u> </u>		<u> </u>	
	ction B. Total Support	J	1	1	1				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010		(e) 2011	(f) To	tal
7	Amounts from line 4					——		 	
8	Gross income from interest,			ļ					
	dividends, payments received on								
	securities loans, rents, royalties					l			
	and income from similar sources		<u> </u>			'-		ļ	_
9	Net income from unrelated business								
	activities, whether or not the					1		ļ	
	business is regularly carried on					<u> </u>		<u> </u>	_
10	Other income. Do not include gain				· <u> </u>				
	or loss from the sale of capital								
	assets (Explain in Part IV.)			ļ	<u> </u>	——		<u> </u>	
11	Total support. Add lines 7 through 10			<u> </u>	1	ļ		<u> </u>	
12	Gross receipts from related activities,	etc (see instruction	ons)		ł	12			_
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	ก 501	(c)(3)		
_	organization, check this box and stor							!	<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage					··· 	
14	Public support percentage for 2011 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14			%
15	Public support percentage from 2010	Schedule A, Part	II, line 14		Ì	15			%
16a	33 1/3% support test - 2011. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	iore, c	check this b	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı -				ļ	
b	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or m	ore, check t	his box	
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation				1	
17a	10% -facts-and-circumstances test	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and lin	ne 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Par	t IV h	ow the orga	nization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization			ŀ	▶ □
ь	10% -facts-and-circumstances test	t - 2010. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, a	nd line 15 is	10% or	
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	ın Pa	art IV how th	е	
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	icly supported orga	ınızatı	ion	İ	

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

Schedule A (Form 990 or 990-EZ) 2011 College Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if	you checked the	box on line 9	of Part	l or if	the organization	failed to qualify	under Part II. I	f the organization fa	alls to

qualify under the tests listed b	elow, please compl	ete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007_	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1			
include any "unusual grants.")				 -		
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,238,200.	2,044,951.	1,388,455.	1,155,082.	1,416,855.	8,243,543.
3 Gross receipts from activities that						
are not an unrelated trade or bus-		J				
iness under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge				!		
6 Total. Add lines 1 through 5	2,238,200.	2,044,951.	1,388,455.	1,155,082.	1,416,855.	8,243,543.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)				····		8,243,543.
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	2,238,200.	2,044,951.	1,388,455.	1,155,082.	1,416,855.	8,243,543.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)	2,238,200.	2,044,951.	1,388,455.	1,155,082.	1,416,855.	8,243,543.
14 First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2011 (li	ne 8, column (f) dıv	ided by line 13, co	olumn (f))			100.00 %
16 Public support percentage from 2010			.		16	100.00 %
Section D. Computation of Inves						
17 Investment income percentage for 20	11 (line 10c, columi	n (f) divided by line	13, column (f))		17	.00 %
18 Investment income percentage from 2	010 Schedule A, P	art III, line 17			18	%
19a 33 1/3% support tests - 2011. If the			n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar b 33 1/3% support tests - 2010. If the	nd stop here. The c	organization qualif	ies as a publicly si	upported organiz	ation	► X
line 18 is not more than 33 1/3%, che	ck this box and sto	p here. The organ	nzation qualifies a	s a publicly supp	orted organization	>
20 Private foundation. If the organization	i did not check a b	ox on line 14, 19a	, or 19b, check the	s box and see ins	structions	

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. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

The President and Friends of Middlebury

Employer identification number 03-0285938

Pa	t 1 Organizations Maintaining Donor Advise	od Funds or Other Similar Funds	s or Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line		or Accounts. Complete if the
	Organization answered Tes (OTOITI 990, Fait IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4)	
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
,	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
U	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?	of dollor advisor, or lor arry other purpose	Yes No
Pa		panization answered "Yes" to Form 990	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e	. —	storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	Treservation or a cer	tilled filstone structure
2	Complete lines 2a through 2d if the organization held a qualit	find concentation contribution in the form	of a conservation easement on the last
~	day of the tax year.	ned conservation continuation in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
•	Number of conservation easements on a certified historic str	nicture included in (a)	2c
٦	Number of conservation easements included in (c) acquired	• •	
ŭ	listed in the National Register	arter 0/17/00, and not on a mistoric struct	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th	
•	year	reased, extinguished, or terminated by the	o organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i	* .	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?	to called the requirements of eachers the	Yes No
9	In Part XIV, describe how the organization reports conservati	Ion easements in its revenue and expens	
•	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Par	t 批 Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
b	if the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	at and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea		
	relating to these items:	•	•
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		-
а	Revenues included in Form 990, Part VIII, line 1	, , ,	▶ \$
	Assets included in Form 990, Part X		▶ \$
_			<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

	The Pre	sident—and	-Fri	ends-c	of-Midd	lebu			
	edule D (Form 990) 2011 College						03	-028593	8 Page 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Similar <i>i</i>	Assets (con	tinued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	significant use	of its collection	n items
	(check all that apply):								•
а	Public exhibition	, c	, <u> </u>	Loan or exc	hange progr	ams			
b	Scholarly research	•	• 🗀	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co			-	=			ın Part XIV.	•
5	During the year, did the organization solicit o					ner sımıla	ar assets		
	to be sold to raise funds rather than to be ma							Yes Yes	No_
	rt IV Escrow and Custodial Arran- reported an amount on Form 990, Par	t X, line 21.						art IV, line 9, o	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets no	t included		
	on Form 990, Part X?							└── Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:					
								Amour	<u>it</u>
c	Beginning balance						1c		
a	Additions during the year						1d		
e	Distributions during the year			,			1e		
1	Ending balance	000 Dard V Iv.	040				1f	Yes	No
	Did the organization include an amount on Foundation If "Yes," explain the arrangement in Part XIV.		211					res	14O
	t V Endowment Funds. Complete if		ewered	"Yes" to Fo	rm 990 Pari	IV line	10		
	k - 1 Eliaovilloit i alias. Complete ii	(a) Current year		Prior year	(c) Two year		(d) Three years	s hack (e) Fou	r years back
1a	Beginning of year balance	(a) Current year	<u> </u>	noi yeai	(6) (110)00	113 Dack	(a) Tilleo years	S DUCK (C) 1 OC	years back
b	Contributions				 				*****
c	Net investment earnings, gains, and losses					_			
d	Grants or scholarships	······································		·					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Other expenditures for facilities								
·	and programs								
f	Administrative expenses					-			
g	End of year balance			•					
2	Provide the estimated percentage of the curr	ent vear end baland	e (line 1	a. column (a	a)) held as:			f	
a	Board designated or quasi-endowment	,	%	g, (-	-,,				
b	Permanent endowment ▶	%	—						
c-	Temporarily restricted endowment								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posse		ation the	at are held a	ind administe	ered for	the organizatio	on	
	by:	-					*		Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endo	wment	funds.					
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	, line 10.					
	Description of property	(a) Cost or o basis (investr		1 ''	or other (other)		ccumulated preciation	(d) Boo	k value
1a	Land								
	Buildings					<u> </u>			· · · · · · · · · · · · · · · · · · ·
C	Leasehold improvements								
d	Equipment			<u> </u>			***	- -	
е	Other				_				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12

	The President and Friends	of Middle	bury			
	dule D (Form 990) 2011 College				0285938	Page 4
Pa	1 XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial State	ement	ts 1	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_	•	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	Potur		
шини	t XII Reconciliation of Revenue per Audited Financial Stateme	III AAIIII LIEAE	silue pei i	Tetuii	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			-	- -	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a				
a	Net unrealized gains on investments			-		
D	Donated services and use of facilities	2b		-		
c	Recoveries of prior year grants	2c		-		
a	Other (Describe in Part XIV.)	2d		ا 👡 ا		
e	Add lines 2a through 2d			2e 3		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 40 1			•	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV.)	4b		ا 🗚 🖯		
C	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) * XIII Reconciliation of Expenses per Audited Financial Statem	ents With Eyn	onses ne		rn.	
		CIIIS WILLI EXP	enses pe	1		··
1	Total expenses and losses per audited financial statements			'	· · · · · · · · · · · · · · · · · · ·	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-				
a	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b 2c		-		
С.	Other losses	2d		\dashv		
	Other (Describe in Part XIV.)	20		ا 🚓 ا	•	
	Add lines 2a through 2d			2e 3		
	Subtract line 2e from line-1-		<u> </u>			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4. 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV.)			╛╻		
	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	L	
	t XIV Supplemental Information	U bara da arad da f	2 A IV	41	05 D-+1/ b	4. 0 - 4
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					4; Part
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp Tt X, Line 2: The financial statements do					
Pai	t X, Line 2: The linaheral statements do	not conta	III a a	1301	Osure	
for	uncertain tax positions under FIN 48.					
101	uncertain tax positions under rin 40.					
			 			
						
		<u> </u>				

SCHEDULE J (Form 990)

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.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

The President and Friends of Middlebury College

Employer identification number 03-0285938

	art i Questions Regarding Compensation			
		<u></u>	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
2	la disate which if any of the following the filing experiment on used to establish the companyation of the exception of			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1		
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
•				
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of	5a		Х
a	The organization?	5b	-	X
D	Any related organization?	30		-
_	If "Yes" to line 5a or 5b, describe in Part III.	1		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	-		Х
а	The organization?	6a		X
Ь	Any related organization?	6ь	-	
_	If "Yes" to line 6a or 6b, describe in Part III.			1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		.,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1	1	ŀ
	Regulations section 53.4958-6(c)?	9	l	<u></u>

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

Schedule J (Form 990) 2011

The President and Friends of Middlebury

03-0285938

College

Schedule J (Form 990) 2011

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

Page 2

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.

		(B) Breakdown of V	N-2 and/or 1099-N	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	compensation reported as deferred in prior Form 990
	8	0	0	0	0	0	0.	0
1 Ronald D. Liebowitz	(E	266,068.	0	141,40	51,450.	38,284.	497,205.	0
	8	0	. 0		0	0	0	0
2 Patrick J. Norton	Ξ	235,302.	0	91	138,040.	25,347.	399,603.	0
a Thomas J. Corbin	€ €	140.769.	0 0	0. 0. 1.436.	32,381.	12,816.	187,402.	00
;	9		_		٠l		-!	
4	€ (€							
	(0)							
rð.	(ii)		=					
	(3)		_=					
9	€			•				
	Θ							
2	(E)							
	Θ		}					
8	(ii)		_					
	(1)							
6	(ii)_		_					
	(0)							
10	E							
	(1)		_					
11	(ii)							
	8							
12	(3)		_					
	8							
13	(ii)		-					
	(i)		_					
14	(ii)		_					
	©					1		
15	(ii)							
	Ξ							•
16	(E)							
				Ç			Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011
Part [f] Supplemental Information

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

Middlebury College and all policies and procedures of the related Part I, Line la: Compensation is paid by President and Fellows of

organization are adhered to.

Part I, Line 1b: The written policies and procedures of President and of Middlebury College are adhered to. Fellows

Schools and Professor, the President of the Monterey campus and the Special all participate in a supplemental nonqualified the Vice President for the Language Contributions to the \$86,590, \$86,590, \$44,324 and \$44,324, respectively. Line 4b: The College President, the Vice retirement plan which is contingent upon services. President for Finance and Treasurer, Assistant to the President, 4b: Part I, plan were \$0, Line Part

College contributions to the core retirement plan on the behalf of the the Deferred composition includes pretax contributions to the voluntary retirement plan, contributions to the College's non-qualified tax and plan, advantaged deferred-compensation retirement plan (457) employee.

Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2011
Open to Public Inspection

Name of the organization

The President and Friends of Middlebury College

Employer identification number 03-0285938

Form 990, Part I, Line 1, Description of Organization Mission:

The Corporation is organized exclusively for promoting all of the
educational purposes, and only those purposes, which The President and
Fellows of Middlebury College exists to fulfill, through cultivating,
entertaining, and enlisting the support of donors, alumni, students,
parents of students, faculty, guests, and other friends of the College,
in furtherance of which the corporation will undertake the following:
To serve the President and his guests in the President's Dining Room in
Proctor Hall on the College campus. To acquire and hold liquor
licenses in order to serve alcoholic beverages in that location and at
Middlebury College functions taking place at other locations on
Middlebury College property. To undertake any other activities which
are necessary or helpful for the accomplishment of the foregoing
purposes.

Form 990, Part VI, Section B, line 11: The Form 990 is prepared by management and is distributed to the board of the organization before it is filed. All policies and procedures of the related organization, President and Fellows of Middlebury College, are adhered to by this organization.

Form 990, Part VI, Section B, line 12: The President and Friends of
Middlebury College adhere to the policies and procedures of the President
and Fellows of Middlebury College including the policies related to
conflicts of interest, whistleblower, and document and record retention.

Form 990, Part VI, Section C, Line 19: Management prepares the Form 990

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

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or	990·EZ) (2011)									Page 2
Name of the organization		siden	t and	d Friend	ds of M	iddle	oury		er identification -0285938	number
and the board	reviews	the :	form	before	filing	with	th <u>e</u>	Internal	Revenue	
Service.							. <u>.</u>			
Part XII, Lin	e 2c									
The organizat		not cl	hange	ed the	its ove	rsight	t pro	cess reg	arding	. 1244-071
the financial										
auditor.							·			
								 		
			_							
- · · ·							-			
					····-			•		
					···					
				-				·		
							· -=	· · · · · · · · · · · · · · · · · · ·		
			-							
									<u>-</u>	
										
	 		-							
								 		
					 -					 -
· ····		***								
	•		.						•	
			-							

OMB No 1545-0047 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. and Friends of Middlebury ▶ Attach to Form 990. The President College Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011 Open to Public Inspection

Employer identification number 03-0285938

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

(g) Section 512(b)(13) controlled Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling End-of-year assets <u>e</u> Public charity Total Income Exempt Code চ Legal domicile (state or Legal domicile (state or foreign country) Primary activity Primary activity € Name, address, and EIN Name, address, and EIN of disregarded entity Part =

Ŷ × entity? Yes entity ž status (if section 501(c)(3)) section 501(c)(3) foreign country) Vermont Liberal arts college education President and Fellows of Middlebury College - 03-0179298, 84 S. Service Road of related organization 05753 5 Middlebury

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

25

Schedule R (Form 990) 2011

The President and Friends of Middlebury College

Schedule R (Form 990) 2011

Page 2

03-0285938

Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule R-1 (Form 1065) Yes No Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ē Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets \equiv Share of total income ate altocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e <u>6</u> Direct controlling entity Share of total income ত্ত $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Ö Primary activity (d) (d) Direct controlling entity **@** (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV Part III

The President and Friends of Middlebury College

03-0285938. Page 3

Schedule R (Form 990) 2011 College

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed in	Parts II-1V?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×	
b Gift, grant, or capital contribution to related organization(s)				1b		×	
c Gift, grant, or capital contribution from related organization(s)				10		×	
d Loans or loan guarantees to or for related organization(s)				14		×	
e Loans or loan guarantees by related organization(s)				10	×		
f Sale of assets to related organization(s)				#		×	
g Purchase of assets from related organization(s)				1g		×	
h Exchange of assets with related organization(s)				÷		×	
i Lease of facilities, equipment, or other assets to related organization(s)				;=		×	
j Lease of facilities, equipment, or other assets from related organization(s)				1,		×	
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×	
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×	
$oldsymbol{m}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			13		×	
n Sharing of paid employees with related organization(s)				£		×	
 Reimbursement paid to related organization(s) for expenses 				19		×	
 P Reimbursement paid by related organization(s) for expenses 				-		×	
 q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s) 				19 1r		××	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered rel	ationships and transaction thresholds				
, (a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved				
(1)							
(2)		1					
(3)							
(4)					İ		
(5)							
(9)							
132163 01-23-12	27		Schedule	Schedule R (Form 990) 2011	, 990)	2011	

The President and Friends of Middlebury

Page 4

03-0285938

College Schedule R (Form 990) 2011 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Disproportional Code V-UBI General or Percentage amount in box 20 managing ownership Yes No (Form 1065) Yes No 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. 3 Ξ end-of-year Share of assets 6 Share of total € Predominant income parmers sec (related, unrelated, orgs orgs excluded from tax under section 512-514) Yes No (e)
Are all
Dartners sec
501(c)(3)
Orgs? Legal domicile (state or foreign country) Û Primary activity ê Name, address, and EIN of entity

Schedule R (Form 990) 2011