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CLIENT'S COPY



February 21, 2025

BENNINGTON PUBLIC SCHOOLS FOUNDATION 11620 NORTH 156TH STREET BENNINGTON, NE 68007

Dear Blake:

Enclosed are the original and one copy of the 2023 Exempt Organization return, prepared with information provided to us:

2023 Form 990

Please review all returns to ensure that there are no omissions or misstatement of facts.

Copies of your returns have been posted to your Lutz Threadworks portal for easy access. If you need to obtain access to your portal, please contact your Lutz representative.

For electronically filed returns, please authorize and instruct us to complete the electronic filing process by signing, dating and returning the e-file authorization forms to Lutz.

For paper-filed returns and/or payments, we strongly recommend you sign the original returns and mail them to the taxing authorities by certified mail with a request for a return receipt. Please retain the receipt with your copy of the returns as proof of timely filing.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Thank You,

HANNAH GOSCHA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2024

Prepared For:

BENNINGTON PUBLIC SCHOOLS FOUNDATION 11620 NORTH 156TH STREET BENNINGTON, NE 68007

Prepared By:

LUTZ AND COMPANY, P.C. 13616 CALIFORNIA ST. STE 300 OMAHA, NE 68154-5336

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by July 15, 2025

Form 8879-TE		IRS E-file	e Signature Au a Tax Exempt	thorization	⊢ ⊢	OMB No. 1545-0047
			•	and ending AUG 31		
	For calendar year		end to the IRS. Keep for		, 20 <u>2 4</u>	2023
Department of the Treasury Internal Revenue Service			.gov/Form8879TE for the	-		
Name of filer					EIN or SSN	
BENNIN	GTON PUB	LIC SCHOOL	LS FOUNDATION		36-388	0988
Name and title of officer or pe	erson subject to ta	x JASON L	IMBACH		•	
		TREASUR				
Part I Type of	Return and I	Return Informa	ation			
Form 5330 filers may enter or 10a below, and the amo	r dollars and cer ount on that line	nts. For all other for for the return being	rms, enter whole dollars on g filed with this form was b	pplicable amount, if any, fro Ily. If you check the box on Ilank, then leave line 1b, 2 I en enter -0- on the applicabl	line 1a, 2a, 3a, o, 3b, 4b, 5b, 6b	, 4a, 5a, 6a, 7a, 8a, 9a, 5, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere 🔣	b Total reve	enue, if any (Form 990, Par	t VIII, column (A), line 12)	1k	<u>1,739,007.</u>
2a Form 990-EZ che	eck here			line 9))
3a Form 1120-POL	check here					
4a Form 990-PF che	eck here			Form 990-PF, Part V, line 5)
5a Form 8868 check						
6a Form 990-T chec	_)		
7a Form 4720 check						
8a Form 5227 check				Form 5227, Item D))
9a Form 5330 check						
10a Form 8038-CP ch Part II Declarat				ed (Form 8038-CP, Part III, Person Subject to Ta)b
] I am a person subject to		
			•	an a person subject to	-	
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv	ution account in it the entry to th prior to the pay ve confidential in	dicated in the tax p is account. To revo ment (settlement) of formation necessa	preparation software for pa ke a payment, I must cont date. I also authorize the fir ry to answer inquiries and	gent to initiate an electronic yment of the federal taxes act the U.S. Treasury Finan nancial institutions involved resolve issues related to the plicable, the consent to elec	owed on this ret cial Agent at 1-8 in the processir e payment. I hay	urn, and the 388-353-4537 no ng of the electronic /e selected a
PIN: check one box only			_			
X I authorize	TZ AND C	COMPANY, P	.C.	t	o enter my PIN	
			ERO firm name			Enter five numbers, but do not enter all zeros
	ncy(ies) regulati	ng charities as part		ated within this return that a ram, I also authorize the afo		-
return. If I have	indicated within	this return that a c		PIN as my signature on the iled with a state agency(ies) screen.		•
Signature of officer or person subje		thentication			Date	
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	•	•	cation	47323299999 Do not enter all zeros		
-			-	tronically filed return indica e-File (MeF) Information for .	ted above. I cor	
ERO's signature HAN	NAH GOSC	HA		Date 02	/21/25	
				-		
			Retain This Form - Se		-	
	Do Not	t Submit This F	orm to the IRS Unle	ss Requested To Do		
For Privacy Act and Pape	erwork Reducti	on Act Notice, see	e instructions.		F	orm 8879-TE (2023)

(Rev. January 2024)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<u>must us</u>	e Form 7004 to request an extension of time to file incom-	e tax retur	ns.			
Part I -	Identification					
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	identification	number (TIN)
Print						
File by the	BENNINGTON PUBLIC SCHOOLS F	OUNDA	TION		36-388	0988
due date fo filing your return. See	11620 NORTH 156TH STREET	ee instruct	tions.			
instruction		oreign addi	ress, see instructions.			
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01
Applica	tion Is For	Return	Application Is For			Return
		Code				Code
Form 99	00 or Form 990-EZ	01	Form 4720 (other than individual)			09
	20 (individual)	03	Form 5227			10
Form 99		04	Form 6069			11
	00-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	00-T (trust other than above)	06	Form 5330 (individual)			13
	00-T (corporation)	07	Form 5330 (other than individual)			14
Form 10		08				
● If this Pl Pl Pl	file Form 5330. application is for an extension of time to file Form 5330, y an Name an Number an Year Ending (MM/DD/YYYY)					
	Automatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
	books are in the care of $\frac{\text{BLAKE THOMPSON}}{11620}$ NORTH 156TH booms No. (402) - 238 - 3044	I STRE	ET - BENNINGTON, N Fax No.	IE 680	07	
	organization does not have an office or place of business	in the Lini				
	s is for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN)	If this is fo	r the whole gr	oup, check this
	equest an automatic 6-month extension of time until JI					
	e organization named above. The extension is for the orga				.p. 0.g	
X		, 20 <u>_</u>	23, and ending	AUG 3	1 .	, 20 24
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n	
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax less			
	ny nonrefundable credits. See instructions.	, 51101 110		3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and		Ψ	
	stimated tax payments made. Include any prior year overp			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa				Ψ	
	sing EFTPS (Electronic Federal Tax Pavment System). See			3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	EXTENDED TO JULY 15, Return of Organization Exempt F	2025 From li	ncome Tax	OMB No. 1545-0047
Form 990	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2023
Department of the Treasury	Do not enter social security numbers on this form as	-	•	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and t			Inspection
A For the 2023 cale	ndar year, or tax year beginning ${\tt SEP}$ 1 , 2023 and	ending A	UG 31, 2024	
B Check if applicable: C Name	of organization		D Employer identifica	ation number
	NINGTON PUBLIC SCHOOLS FOUNDATION			
Name change Doing	business as		36-388098	8
Initial return Numb	er and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	20 NORTH 156TH STREET		402-238-3	044
	r town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,854,311.
	NINGTON, NE 68007		H(a) Is this a group ret	
	and address of principal officer: JASON LIMBACH		for subordinates?	Yes X No
	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
I Tax-exempt status		or 527	If "No," attach a li	st. See instructions
	.BENNINGTONSCHOOLSFOUNDATION.ORG		H(c) Group exemption	
K Form of organization:		L Year	of formation: 1992 M	State of legal domicile: NE
Part I Summa	-			
1 Briefly desc	ribe the organization's mission or most significant activities: \underline{TOS}	UPPORT	THE BENNING	TON PUBLIC
<u> </u>				
2 Check this I 3 Number of 1 4 Number of 1	box if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	
3 Number of v				12
	ndependent voting members of the governing body (Part VI, line 1b)			12
	er of individuals employed in calendar year 2023 (Part V, line 2a) \ldots			139
E 6 Total number	er of volunteers (estimate if necessary)			38
7 a Total unrela	ted business revenue from Part VIII, column (C), line 12			0.
b Net unrelate	ed business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.
			Prior Year	Current Year
و 8 Contributior	ns and grants (Part VIII, line 1h)		107,189.	158,376.
0	rvice revenue (Part VIII, line 2g)		943,132.	1,547,358.
10 Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		39,150.	82,572.
11 Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-19,563.	-49,299.
	ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,069,908.	1,739,007.
	similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	d to or for members (Part IX, column (A), line 4)			
15 Salaries, oth	her compensation, employee benefits (Part IX, column (A), lines 5-10) I fundraising fees (Part IX, column (A), line 11e) ising expenses (Part IX, column (D), line 25) 93,8		653,397. 0.	961,055. 0.
16a Professiona b Total fundra	I fundraising fees (Part IX, column (A), line 11e)	68	0.	0.
	Ising expenses (Part IX, column (D), line 25)	00.	363,392.	572,665.
	nses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,016,789.	1,533,720.
	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		53,119.	205,287.
	s expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
	(Dert V. line 16)		2,589,930.	3,063,529.
	: (Part X, line 16) es (Part X, line 26)		163,645.	97,549.
	es (Part X, line 26) or fund balances. Subtract line 21 from line 20		2,426,285.	2,965,980.
	re Block		L; 10, 20, 10, 10	2,505,500.
	y, I declare that I have examined this return, including accompanying schedule:	s and stateme	nts and to the hest of my l	nowledge and helief, it is
	te. Declaration of preparer (other than officer) is based on all information of wh			ano ano ago ana bonon, it io

Sign	Signature of officer			Date
Here	JASON LIMBACH, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	HANNAH GOSCHA	HANNAH GOSCHA	02/21	/25 self-employed P02133534
Preparer	Firm's name LUTZ AND COMPANY,	-		Firm's EIN 47-0625816
Use Only	Firm's address 13616 CALIFORNIA	ST. STE 300		
	OMAHA, NE 68154-5	336		Phone no. 402 - 496 - 8800
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23		Form 990 (2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2023) BENNINGTON PUBLIC SCHOOLS FOUNDATION 3	6-3880988	Page 2
Pa	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	[]
•	TO PROVIDE GRANTS, SCHOLARSHIPS AND SUPPORT PROGRAMS BENEF	TTTNC	
	SUTUDENTS, FAMILIES AND TEACHERS OF THE BENNINGTON PUBLIC		
	DISTRICT, INCLUDING BEFORE AND AFTER SCHOOL CHILD CARE PRO		
	CLASSROOM GRANTS FOR TEACHERS, STUDY CENTERS AT THE MIDDLE	AND HIGH	
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	XNo
	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	XNo
	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 mea	sured by expenses	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, an	a
	revenue, if any, for each program service reported.		
4a	· · · · · · · · · · · · · · · · · · ·		/
	OPERATION OF THE ALL STARS KIDS CHILD CARE PROGRAM SERVING		IN
	THE BENNINGTON NEBRASKA COMMUNITY WITH BEFORE AND AFTER SC	HOOL CHILD	
	CARE.		
4b	(Code:) (Expenses \$261,886. including grants of \$) (Revenue \$)
	CLASSROOM GRANTS AND SCHOLARSHIP ASSISTANCE.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			/
<u> </u>			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses1,332,970.		90 (0000)

Form 990 (SCHOOLS	FOUNDATION
Part IV	Checklist of R	equired Schedule	es		

1 Its erganization described in section 501(b) or 4947(q)(1) (ther than a private foundation)? I X 2 Its erganization required to complete Schedule 0, Schedule of Contribution? See instructions 3 X 2 Its the organization required to complete Schedule 0, Part I 3 X 3 Section 501(q) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 4 Section 501(q) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 5 X 5 Did the organization marking and door any similar hands or accounts for which donors have the right to provide advice on the distribution or investment of annouts in such hands or accounts for which donors have the right to provide advice on the distribution or investment on annouts in torbution areas, including assements to provene open space, the environment, historic Land areas, or historic structure?? If 'reg, 'complete Schedule D, Part I 7 X 7 Did the organization markation active as a custodian tor annout in Part X, line 21, for escrow or custodial account liability, serve as a custodian tor annout in thorough a related organization, hold assets in donor-restricted endowments or in ousil endowments for through a related organization, hold assets in donor-restricted endowments or in ousil endowments for through a related organization, hold assets in Part X, line 10? If 'reg, 'complete Schedule D, Part V 10				Yes	No
2 Is the organization required to complete Schedule () Schedule of Contributory Sea instructions 2 X 3 Did the organization request control include a campaign activities on behalt of or inciposition to candidates for public official " If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(0) organizations. Du the organization incage in lobbying activities, or have a section 501(f) election in effect 4 X 5 Is the organization a section 501(c)(0). 501(c)(0) or 501(c)(0) or 501(c)(0) or granization that receives membership dues, assessments, or similar function or investment of hyses, complete Schedule D, Part I 6 X 6 Did the organization matrian any other advised tunds or any similar funds or accounts for which donors have the right to provide advised. In Part I, Press, "complete Schedule D, Part I 6 X 7 X Did the organization report an amount in Part X, line 21, for escrew or causadial account liability serve as a causadian for amounts not listed in Part X, or provide cadit consults in advised in donorrestricted endowments or in quasi-matrix or site of organization, related organization, hold assets in donorrestricted endowments or in equipatibic bland Part X. 9 X 10 Did the organization report an amount for brank table D. Part I/ 10 X 11 If the organization report an amount for investments - othereschand in Complete Schedule D, Part V 11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offical µrives, complete Schedule C, Part II 3 Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, 'complete Schedule C, Part II. 4 X 5 Did the organization mathematication engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, 'complete Schedule C, Part II. 6 Did the organization mathematication or investment of amounts in such funds or accounts? If Yes, 'complete Schedule D, Part II. 7 Z 8 Did the organization mathematication experiment of amounts in such funds or accounts? If Yes, 'complete Schedule D, Part II. 8 Did the organization mathematication in the tractives or custodial account failing server as a custodiant for amounts in the fart X, ine 21, for escrow or custodial account failing serve as a custodiant for amount in Part X, line 21, for escrow or custodial account failing serve as a custodiant for amount in Part X, line 21, for escrow or custodial account failing serve as a custodiant for amounts in the fact M in the organization in anount for hand, buildings, and equipment in Part X, line 10, Part II. 9 Did the organization report an amount for line discustors is Yes, 'then complete Schedule D, Part VI. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, 'complete Schedule D, Part VI. 11 Did the organization report an amount for investments other securities in Part X, line 10? If Yes, 'complete Schedule D, Part VI. 11 Did the organization report an amount for investments other ascurties in Part X, line 10? If Yes, 'complete Schedule D, Part VI. 12 Did the organization report an amount for in		If "Yes," complete Schedule A			
public office? If ''res,' complete Schedule C, Far I 3 X 4 Sectors 07(c)(3) organizations. Dult the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy yea? If ''res,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(d), 5051(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Nev. Proc. 99:197 I''res,' complete Schedule C, Part II 6 X 6 Did the organization matrian any dome advised funds or accounts for which domes have the right to provide advised on the distribution or investment domouts in such funds or accounts? I''res,' complete Schedule D, Part II 6 X 7 X To the errormanitation cells or any other advised trunssor or custodial account liability, serve as a custodian for amounts not listed in Part X, corrovide credit conselling, debt management, credit repart, or debt negotiation services? 7 X 10 Did the organization indicetly or through a related organization, hold assets in domor-restricted endowments 10 X 11 If the organization report an amount for land, building, and equipment in Part X, line 10? If ''yes,' complete Schedule D, Part V 11 X 12 If the organization report an amount for threat securities in Part X, line 10? If ''yes,' complete Schedule D, Part V 11 X 13 X	2		2	X	
4 Section 501(c)(3) comparizations. Dot the organization negation in other during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(6), 051(c)(6), 051(c)(6) complete Schedule C, Part II 5 X 6 Did the organization market and quote axis visit runds or accounts for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of the provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right of the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 6 X 7 X 8 Did the organization region amount in Part X, line 21, for secrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, diet management, credit repair, or debt negolitation services? 9 X 9 Did the organization, amount for through a reliated organization, hold assets in donorrestricted endowments or in quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X 9 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 17 If 'Yes,' complete Schedule D, Part VII 11 X 9 Did the organization report an amount for investments - otheresecurities in Part X, line 12, that is 5% or more of it	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X is the organization a sectors 05 (0)(6)(6), 501(c)(6), 501(c)(6) 501(c)(6) <td< td=""><td></td><td>public office? If "Yes," complete Schedule C, Part I</td><td>3</td><td></td><td><u> </u></td></td<>		public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 981/97 (**es, * complete Schedule C, Part II S X 6 Did the organization markan any donor advised funds or any similar tunds or accounts? (**ex, **complete Schedule D, Part II C S X 7 XX Did the organization neiver on bid a conservation assemet, including easemets to preserve open space, the environment, historic land areas, or historic structures? If **ex, ** complete Schedule D, Part II C X 8 Did the organization marken and collectons of works of art, historical treasures, or other similar assets? If **ex, ** complete Schedule D, Part II C X 9 Did the organization, sever to any of the following questions is **ex, ** then complete Schedule D, Part V, II III the organization services? III ** X 9 Did the organization server to any of the following questions is **ex, ** then complete Schedule D, Part V, III IIII ** X IIII ** X 9 Did the organization neopt 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 167, II* *yes, *complete Schedule D, Part VI IIII X 9 Did the organization report an amount for investments - other securities in Part X, line 13, tha	4				
emilate amounts as defined in Rev. Proc. 98-197 If 'Yes,' complete Schedule Q, Part II. 5 X 6 Did the organization maintain any doors advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 5 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II. 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutofal account liability: serve as a cutodolan 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. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes,' complete Schedule D, Part VI. 11 X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes,' complete Schedule D, Part X. 11 X 12 Did the organization report an amount for land, buildings, II Part X, line 12, II II is 5% or more of its total assets reported in Part X, line 16? II 'Yes,' complete Schedule D, Part X. 11 X 13 Did the organization			4		<u> </u>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization review of hold a conservation essement, including easements in such such so preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization review of though assets in donor-restricted endowments or in quasi-andownents? If "Yes," complete Schedule D, Part VI 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Hars," complete Schedule D, Part VI 10 X a bid the organization report an amount for investments - orber socurities in Part X, line 10? Hars," complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - program related in Part X, line 12, Hws," complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of fits total assets reported in Part X, line 16? H"Yes," complete Schedule D, Part VI 114 X c Did the organization report an amount	5				
provide advice on the distribution or investment of amounts in such funds or account? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts no listed in Part X, or provide cardial counseling, debt management, credit repair, or debt negotiation service? 9 X 10 Did the organization directly or provide cardial counseling, debt management, credit repair, or debt negotiation service? 9 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? // 'Yes,' complete Schedule D, Part W 10 X 12 Did the organization report an amount for investments - program related in Part X, line 16? // 'Yes,' complete Schedule D, Part W 11a X 13 Did the organization report an amount for investments - program related in Part X, line 18? // 'Yes,' complete Schedule D, Part X 11a X 14 Did the organization report an amount for investments - program related in Part X, line 18? // 'Yes,' complete Schedule D, Part X 11a X			5		<u> </u>
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a X 12 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 16 X 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 19			11e		
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					_ <u></u>
		domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

Form 990 (202				FOUNDATION
Part IV C	hecklist of Required Schedule	es (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
ı a				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	and and organization comply with backup with blokup rules for reportable payments to reliders and reportable gaming			

(gambling) winnings to prize winners?

1c

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 139 b If a test on elements on the 2, dd the organization the all required decial employment to returns? 2a 2b X 3a Dd the organization have unrelater business gross income of \$1,000 or more during the year? 2a 2b X 3a Dd the organization have unrelater business gross income of \$1,000 or more during the year? 3a 2a X 3b If "Yes", has tifted a Form 3000 for this year? How to fine 30, ported an exploration on Schedule O 3a X 3b If "Yes", exploration that the organization has a bank account, securities account, or other financial account? 4a X b If "Yes", exploration tax is that account is equired an any time during the tax year? 5a X b If Yes", exploration tax is tax doct the anomality greater than \$100,000, and did the organization science any contributions that wen or the advectation an express statement that such contributions of the any accounts (account) 5a X b Did the organization include with weavy acitation on morelay greater than \$100,000, and did the organization field for more any account for masset account toy for which it was required to the payor? 7a X c	Form	990 (2023) BENNINGTON PUBLIC SCHOOLS FOUNDATION 36-3880	988	Р	age 5
2 Earth the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 1.3.9 b If at least one is reported on line 2a, di the organization file all required federal employment tax returns? 2b. X 3 Did the organization have unroted busines grows income of \$1,000 or more during the year? 3b. X 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority one; a 3b. X 5 If Yes, 'has if filed a Form 990 Tfor this year? if Yuo' to line 3b, provide an explanation on Schedule 0 3b. X 6 Thes, 'antic the name of the foreign country 4a X 7 Yes, 'antic the name of the foreign country 4a X 8 Bot any taxonic set till in equivalent that was or is a party to a prohibite tax setter transmitority. 5a X 6 Does the organization have annual grooss recepts that are normally greater than \$100,000, and did the organization self. 5b X 6 Dif Yes, 'alight the organization have annual grooss recepts that are normally greater than \$100,000, and did the organization self. 5a X 9 If Yes, 'indicate the number of form 8082 filed during the year. 7a X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Ited to the calendar year ending with or within the year covered by this return Iza I				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tai returns? gb X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? gb X 4a At any time during the calendar year, did the organization have an intersit in, or a signature or other mathority over, a financial account, security scients as bank account, securities account, or other financial accounts (EEAR). gb X b If "Yes," their the name of the foreign country is was or is a party to a prohibited ta scheller transaction at any time during the tax year? ga X b Did any taxability party offity the organization that was or is a party to a prohibited tax scheller transaction? gb X b Did any taxability party offity the organization that was or is a party to a prohibited tax scheller transaction? gb X b Did any taxability party offity the organization that was or is a party to a prohibited tax scheller transaction? gb X c H Yes," to line day constraints that are normally greater than \$100.000, and did the organization scient any tome, directly on transe party as a transherity as a transher	2a				
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 14 organization licensed to issue qualified health plans in more than one state? 13a 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15	9				
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16 X 17 If "Yes," complete Form 4720, Schedule O. 18 X 19 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			15		
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	40		40		v
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	47				
	17		47		
		If "Yes," complete Form 6069.			

Form 990 (2023)

BENNINGTON PUBLIC SCHOOLS FOUNDATION

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

	Check if Schedule O contains a response or note to any line 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	1a	1	2		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		1			
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			-		
•				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			_		x
6	Did the experimentation have members as stackholders?					X
7a	Did the organization have members or stockholders, or other persons who had the power to elect or ap			Ť		
74				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		- 23
D				7b		x
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
8		-	-	0.0	x	
a	The governing body? Each committee with authority to act on behalf of the governing body?	•••••		<u>8a</u>	X	
b				8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			9		x
<u>Soc</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	
10-	Did the exercise time level checkers branches or efficience			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beroi	e filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10	v	
	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			. <u>12b</u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	,			v	
40	on Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	li by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-	v	
	The organization's CEO, Executive Director, or top management official				37	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
0	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, a	nd finar	icial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo PI A KE MILOND CON (402) - 229 - 2044	oks an	d records			
	BLAKE THOMPSON $-(402)-238-3044$					

	11620	NORTH	156тн	STREET,	BENNINGTON,	NE	68007
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LLER	T.00			
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	week	offi	cer an	d a d	irecto	or/trus	stee)	from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BLAKE THOMPSON	40.00								_	
EXECUTIVE DIRECTOR (AS OF 6.5.2023)				Х				46,500.	0.	1,710.
(2) REGINA MERADITH	40.00									
EXECUTIVE DIRECTOR (THRU 4.30.2023)				Х				26,066.	0.	2,035.
(3) DAVID HOLTORF	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(4) CHRISTEN SHELBOURNE	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(5) KIM ROHE	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) WHITNEY FAGAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) CHRIS REINER	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) KRISTI THORNTON	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) KRISTI RYAN	1.00									
SCHOOL BOARD LIAISON		Х						0.	0.	0.
(10) DEE CLARK	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(11) DR. AARON PLAS	1.00									
SUPERINTENDENT		Х						0.	0.	0.
(12) TROY MCKINNEY	1.00									
TREASURER (THRU 12.31.2023		Х						0.	0.	0.
(13) TARA GUFFORD	1.00									
MEMBER AT LARGE		X						0.	0.	0.
(14) JASON LIMBACH	1.00									
TREASURER (AS OF 1.1.2024)		X		Х				0.	0.	0.
(15) MICHELLE MILLER	1.00									
MEMBER AT LARGE		X						0.	0.	0.

(A) (B) (C) (D) (E)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

Reportable

compensation

Employees, and Independent Contractors

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

Form 990 (2023)

See the instructions for the order in which to list the persons above.

Name and title

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

Average

hours per

BENNINGTON PUBLIC SCHOOLS FOUNDATION Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Reportable

compensation

Page 7

(F)

Estimated

amount of

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Form 990 (2023) BENNINGTO	N PUBLI	C	SC	HO	OL	S	FO	UNDATION	36-388	0988	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	es,	and	Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)			(C				(D)	(E)	(F	;)
Name and title	Average	(do	F not ch		tion			Reportable	Reportable	Estim	
	hours per	box,	unles	s per	son is	s both	n an	compensation	compensation	amou	int of
	week	offic	er and	d a di	rector	r/trust	tee)	from	from related	oth	ier
	(list any	ector						the	organizations	comper	nsation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from	the
	related	stee c	ruster			ensa		(W-2/1099-MISC/	1099-NEC)	organi	
	organizations	al tru:	onal t		loyee	comp		1099-NEC)		and re	
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organiz	ations
	line)	Ind	lns	0ff	Key	Hig e m	For				
1b Subtotal								72,566.	0	. 3,	745.
c Total from continuation sheets to Part VI	. Section A						•	0.	C	•	0.
d Total (add lines 1b and 1c)								72,566.	C	. 3,	745.
2 Total number of individuals (including but no									000 of reportable		-
compensation from the organization		000	notoc	1 40	010)	,	010				0
										Ye	
2 Did the exception list any former officer	director truct				<u></u>		امنعا	haat componented amo			
3 Did the organization list any former officer,			-	•	-		Ŭ	• •			x
line 1a? If "Yes," complete Schedule J for su										3	
4 For any individual listed on line 1a, is the su											77
and related organizations greater than \$150										. 4	X
5 Did any person listed on line 1a receive or a					-			•			
rendered to the organization? If "Yes," com	plete Schedule	e J fa	or su	ch p	bersc	on .				. 5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	npensated ind	leper	nden	t co	ontra	actor	rs th	at received more than \$	\$100,000 of comper	sation from	
the organization. Report compensation for t	he calendar ye	ear e	nding	g wi	ith o	or wit	thin	the organization's tax y	ear.		
(A)								(B)		(C)	
Name and business	address	NC)NE					Description of s	services	Compensa	tion
							+				
							-				
							+				
							\rightarrow				
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	to t	hose	e lis	ted	above) who received m	ore than		
					0						

	<u>1 990</u>					PU	BLIC SCH	OOLS	FOUNDA	ATION	36-3880	988 Pa	age 9
Pa	rt VI	Ш	Statement of Re										
			Check if Schedule O	conta	ains a respo	nse	or note to any lin			(B)	(C)	(D)	
								· ·	(A) revenue	(P) Related or exempt	Unrelated	(D) Revenue exclu	uded
										function revenue	business revenue		
												sections 512 -	- 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		Federated campaigns					-					
Gra	b		Membership dues				CF 120	-					
Αn An	C		Fundraising events				65,132.	-					
iar Iar	c		Related organizations					-					
ns,	e		Government grants (contr					-					
e E	f		All other contributions, gifts,				02 244						
ĕŧ			similar amounts not included				93,244.	-					
out	g	-	Noncash contributions included in	lines 1	1a-1f 1g \$		32,594.	1 1 5 0	276				
<u></u> O d	h	า่	Total. Add lines 1a-1f					150	3,376.				
	-				ana.		Business Code	1 547	2 2 5 0	1 547 250			
ice	2 a		CHILDCARE SER				624410	μ,54/	,358.	1,547,358.			
er v	b												
n S /en	C												
Program Service Revenue	c	d .											
ŗõ	e	Э.											
<u>a</u>	•		All other program service					1 5/7	,358.				
			Total. Add lines 2a-2f					µ,54/	, 550.				_
	3		Investment income (includ					70	,127.			70,12	דכ
								- /0	,12/•			70,12	<u> </u>
	4		Income from investment of		-								
	5		Royalties	· · · · · · · · · · · · · · · · · · ·	(i) Real		(ii) Personal						
	<u> </u>	_	Overe vente	C -				-					
			Gross rents	6a				-					
			Less: rental expenses	6b 6c				-					
	C		Rental income or (loss)										_
			Net rental income or (loss))	(i) Securiti		(ii) Other						
	7 a		Gross amount from sales of assets other than inventory	7a				-					
	L		Less: cost or other basis	7a	50,00	0.		1					
Ð			and sales expenses	76	44,44	1							
venue			Gain or (loss)		12,44			1					
a			Net gain or (loss)	-				12	2,445.			12,44	15
Other R			Gross income from fundraisi			. <u></u>			1,113.			10,11	
Ę	00		including \$ 65										
0			contributions reported on										
			Part IV, line 18		-	82	21,564.						
	h		Less: direct expenses				70,863.	1					
			Net income or (loss) from			_		-49	,299.			-49,29	99.
			Gross income from gamin					_	,				_
			Part IV, line 19			9a							
	b		Less: direct expenses			9b		1					
			Net income or (loss) from			 ;							
			Gross sales of inventory, I	•	0	<u> </u>							
			and allowances			10a							
	b		Less: cost of goods sold			10b							
			Net income or (loss) from			y							
							Business Code						
sno	11 a	a											
ane	b	ָר כ											
Miscellaneous Revenue	c	2				_							
Alisc	c	d L	All other revenue										
2	e		Total. Add lines 11a-11d										
	12		Total revenue. See instruction					1,739	0,007.	1,547,358.	0.	33,27	73.

Check here

if following SOP 98-2 (ASC 958-720)

<u>Form 990 (</u> 2		BENNINGTON		SCHOOLS	FOUNDATION					
Part IX Statement of Functional Expenses										

Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	04.260	04 004	4 110	4 110
	trustees, and key employees	94,360.	84,924.	4,718.	4,718
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				44 546
7	Other salaries and wages	859,287.	786,453.	31,072.	41,762
8	Pension plan accruals and contributions (include	F 400	, <u>-</u> , -	1 050	4 600
	section 401(k) and 403(b) employer contributions)	7,408.	4,535.	1,250.	1,623
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1.6 . 6 . 0 .		1.5. 500	
С	Accounting	16,608.		16,608.	
	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 225		4 225	
	column (A), amount, list line 11g expenses on Sch 0.)	4,396.	0.2.0	4,396.	0 505
2	Advertising and promotion	17,253.	232.	8,436.	8,585
3	Office expenses	5,589.	3,422.	943.	1,224.
4	Information technology	17,185.	13,958.	841.	2,386.
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	0 000			
2	Depreciation, depletion, and amortization	2,002.	2,002.		<u></u>
3	Insurance	20,116.	18,388.	752.	976
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CLASSROOM GRANTS AND SC	261,886.	261,886.		
b	SUPPLIES	111,150.	111,150.		
с	MISCELLANEOUS	38,403.	8,746.	29,657.	
d	GALA EXPENSES	32,594.			32,594
е	All other expenses	45,483.	37,274.	8,209.	
5	Total functional expenses. Add lines 1 through 24e	1,533,720.	1,332,970.	106,882.	93,868
6	Joint costs. Complete this line only if the organization	-		-	-
	reported in column (B) joint costs from a combined				

BENNINGTON	PUBLIC	SCHOOLS	FOUNDATION
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36-3880988 Page 11

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			107,991.	1	91,740.
	2	Savings and temporary cash investments			71,840.	2	37,534.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	,		6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			11,985.	9	8,288.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	18,318.			
	b	Less: accumulated depreciation		15,356.	4,964.	10c	2,962.
	11	Investments - publicly traded securities			2,393,150.	11	2,923,005.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,589,930.	16	3,063,529.
	17	Accounts payable and accrued expenses			163,645.	17	97,549.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial c	contributor, or 35%			
iabi		controlled entity or family member of any of these	e perso	ons		22	
	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			100 045	25	
	26	Total liabilities. Add lines 17 through 25		37	163,645.	26	97,549.
s		Organizations that follow FASB ASC 958, chec	ck here	e X			
JCe		and complete lines 27, 28, 32, and 33.			2 272 570		2 000 101
alar	27			····· -	2,373,570.	27	2,888,404.
dB	28	Net assets with donor restrictions			52,715.	28	77,576.
'n		Organizations that do not follow FASB ASC 95	o8, che				
Net Assets or Fund Balances	00	and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
∋t A	31	Retained earnings, endowment, accumulated inc			2,426,285.	31	2,965,980.
ž	32	Total net assets or fund balances		·····	2,420,205	32	3 063 529.

Form **990** (2023)

Form 990 (2023) 3 Part X Balance Sheet

Form	990 (2023) BENNINGTON PUBLIC SCHOOLS FOUNDATION	36-3	880988	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>1,739</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,533		
3	Revenue less expenses. Subtract line 2 from line 1	3	205		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,426	, 28	<u>35.</u>
5	Net unrealized gains (losses) on investments	5	334		
	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,965	,98	<u> 30.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2023)

SCHEDU	JLE A

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Name of the organization							r identification number
		LIC SCHOOLS					6-3880988
Part I Reason for Public C					ee instructior	IS.	
The organization is not a private founda		•	•				
1 A church, convention of chu				on 170(b)(⁻	I)(A)(i).		
2 A school described in section							
3 A hospital or a cooperative h							Ale - 1
4 A medical research organiza	tion operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
city, and state:	the honefit of a cal	logo or university owned	d or oporat	od by a go	vorpmontal u	nit dooorib	ad in
5 An organization operated for section 170(b)(1)(A)(iv). (Co		lege of university owned	u or operat	eu by a go	veninentaiu	The describe	
		antal unit described in	contion 1	70/6/(4)/4)	(₁)		
 6 A federal, state, or local gove 7 An organization that normali 	-					no gonoral i	oublic described in
section 170(b)(1)(A)(vi). (Co		ntial part of its support i	ionia gove	ennentai		le general j	
8 A community trust described		1)(Δ)(vi) (Complete Par	+ 11)				
9 An agricultural research orga				ed in conii	inction with a	land-grant	college
or university or a non-land-gr							
university:				··, -··,	,		
10 An organization that normall	y receives (1) more	than 33 1/3% of its supp	oort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from
activities related to its exemption	ot functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
income and unrelated busine	ess taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
See section 509(a)(2). (Com	plete Part III.)						
11 An organization organized ar	nd operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).		
12 X An organization organized ar	nd operated exclusi	vely for the benefit of, to	o perform t	he functio	ns of, or to ca	rry out the	purposes of one or
more publicly supported org	anizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
lines 12a through 12d that d							
a X Type I. A supporting organ							
the supported organization			a majority o	of the direc	tors or truste	es of the su	upporting
organization. You must co	-						
b Type II. A supporting orga	-				-		-
control or management of			ame perso	ns that co	ntrol or mana	ge the supp	ported
organization(s). You must c Type III functionally integ	•		in connoc	tion with	and functions	lly intograte	ad with
its supported organization						ily integrate	a with,
d Type III non-functionally		•	-			ted organia	zation(s)
that is not functionally inte						-	
requirement (see instructio	8 8	0 ,					
e Check this box if the organ	,	• •				II. Type III	
functionally integrated, or							
f Enter the number of supported or	ganizations						1
g Provide the following information		d organization(s).	_				
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
BENNINGTON PUBLIC		_					
SCHOOLS 4	17-6002676	6	X		261	.,886.	1,071,084.
Total					261	.,886.	1,071,084.

Schedule A	A (Form 990) 2023	BENNINGTON	PUBLIC	SCHOOLS	FOUNDATION	36-3880988	Page 2
Part II	Support Schedule for	or Organizations	Described	in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
	• • …								
_	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10								
						12			
12	First 5 years. If the Form 990 is for the		,	fourth or fifth tox		· · ·			
13	organization, check this box and sto	U							
Sec	ction C. Computation of Public								
	Public support percentage for 2023 (I			column (f))		14	%		
	Public support percentage from 2022		-			15	<u>%</u>		
	33 1/3% support test - 2023. If the					·			
104	stop here. The organization qualifies								
h	33 1/3% support test - 2022. If the		-		h line 15 is 33 1/3%				
	and stop here. The organization qual	-							
170									
17 a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact					Ŭ			
	meets the facts-and-circumstances te	-		• • • •		17a and line 15 is i			
b	10% -facts-and-circumstances test	-					10% Or		
	more, and if the organization meets the								
	organization meets the facts-and-circl		-						
18	8 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) 2023

1	Gifts, grants, contributions, and membership fees received. (Do not 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						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fin	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	,	,			18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

(b) 2020

(f) Total

(e) 2023

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

(c) 2021

(d) 2022

Schedule A (Form 990) 2023

(a) 2019

Section A. Public Support

Calendar year (or fiscal year beginning in)

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
3a		X X
3b		
3c		
4a		X
4b		
4c		
5a		X
5b		
5c		
6		Х
7		X
8		X
9a		х
Ja		
9b		х
00		
9c		х
10a		Х
10b		

Schedule A (Form 990) 2023 BENNINGTON PUBLIC SCHOOLS FOUNDATION 36-3880988 Page 5

1 4				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	ction B. Type I Supporting Organizations			
			Yes	No

	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	L
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

The organization supported a governmental entity.	Describe in Part VI how	you supported a q	overnmental entity	(see instructions).	
	The organization supported a governmental entity.	The organization supported a governmental entity. Describe in Part VI how] The organization supported a governmental entity. Describe in Part VI how you supported a g] The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

х

Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ving trust on N	lov. 20, 1970 (<i>explain in</i>)	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

BENNINGTON PUBLIC SCHOOLS FOUNDATION

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

Schedule A	(Form	990) 2023
		T		

BENNINGTON PUBLIC SCHOOLS FOUNDATION

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(contine}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI). See instructions.	• ·		8	
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

		BENNINGTON		CCHOOT C	FOILINDATION	36-3880988	
Part VI	Part IV, Section A, lines 1	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a, (lines 2 and 3; Part IV, 5	explanations r 5, 9a, 9b, 9c, 1 Section E, lines	equired by Part 1a, 11b, and 11 51c, 2a, 2b, 3a,	II, line 10; Part II, line c; Part IV, Section B and 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Sectior ; Part V, Section B, line 1e; Pa	n C,
	(See instructions.)		L, iii ies 2, 3, ai				

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LHA

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

(Form 990)

Filers of:

Schedule B

Name of the organization

Section:

BENNINGTON PUBLIC SCHOOLS FOUNDATION 36-3880988 Organization type (check one): 36-3880988

Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

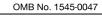
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)





Employer identification number

BENNINGTON, NE 68007

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONTROLLED RAIN 14506 GROVER ST OMAHA, NE 68144	\$6,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WINSPIRE 23091 MILL CREEK DR LAGUNA HILLS, CA 92653	\$10,465.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WINSPIRE 23091 MILL CREEK DR LAGUNA HILLS, CA 92653	\$6,046.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	WATERFORD DENTAL 15450 IDA ST #100 BENNINGTON, NE 68007	\$5,500.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OMAHA COMMUNITY FOUNDATION 1120 S 101ST, STE 320 OMAHA, NE 68124	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BENNINGTON COMMUNITY FOUNDATION PO BOX 201	\$10,000.	Person X Payroll Noncash

Employer identification number

36-3880988

Schedule B (Form 990) (2023)

(Complete Part II for

noncash contributions.)

(Complete Part II for

(a)

No.

ame of o	rganization	E
ENNI	NGTON PUBLIC SCHOOLS FOUNDATION	
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
7	SHARE OMAHA	
	6825 PINE ST M/S B3	\$5,000
	<u>OMAHA, NE 68106</u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		 \$
(a)	(b)	(c)
No.	Name, address, and ZIP + 4	Total contributions
		\$
(-)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$
		Ψ

(b)

Name, address, and ZIP + 4

loyer identification number

6-3880988

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll Noncash

(c)

Total contributions

\$

(d) Type of contribution

(d)

Type of contribution

X

Page 2

Name of organization

	BENNINGTON	PUBLIC	SCHOOLS	FOUNDATION	
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	4 ZONE SPRINKLER SYSTEM	_	
		\$6,000.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	ITALY TRIP FOR 4	_	
		\$10,465.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	NAPA VALLEY TRIP FOR 2 + SOUTHWEST GIFT CARD	_	
		\$6,046.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	INVISALIGN DENTAL PACKAGE	_	
		\$5,500.	06/30/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	

Employer identification number

36-3880988

Schedule E	B (Form 990) (2023)			Page 4				
Name of or	rganization			Employer identification number				
BENNI	NGTON PUBLIC SCHOOLS FOU	JNDATION		36-3880988				
Part III		ons to organizations described in sec through (e) and the following line entry tharitable, etc., contributions of \$1,000 or le	. For organizations	nat total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
(a) Na		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desa	cription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of gift	I					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				

(Form 9	9 90)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

_	BENNINGTON PUBLIC S		36-3880988
Pa			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	· · · ·	
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		20
u			2d
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	
4	year Number of states where property subject to conservation eas	omont is located	
- - 5	Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U		handing of violations, and emotering conset	valion casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
'	Amount of expenses incurred in monitoring, inspecting, nand	ing of violations, and emotering conservation	in easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section $170(h)/2$	1\/R\/i\
U	•		
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		is that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
iu	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 95		
b			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in jurne	
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical trea		jain, provide
	the following amounts required to be reported under FASB A	-	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontrued. a Using the organization's acquisition, accusation, and other records, check any of the following that make significant use of its collection times (devia all that apply). Delto childhom Scholarly research Browset childhom Control Contrel Contrel 			TON PUBLIC					Simi		88098 ts	
collection terms (check all that apply). Collection terms (check all that apply). Scholarly research Collection to thure generations Collection to thure generations Collection to thure generations of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. During the year, did the organization's collection? Yee It he organization and operation of the organization's collection? Yee No Terspected an amount on form 990, Part X, line 21. It he organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. It he organization include an amount on form 990, Part X, line 21. It he organization include an amount on form 990, Part X, line 21. It he organization include an amount on form 990, Part X, line 10. Controlutions during the year Controlutions and many the organization include an amount on form 990, Part X, line 10. Part V Endowment Funds Complete the organization insub exemp movided in Part XIII. No bit / Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Controlutions Controlutions Control Year Control											nued)
a Public exhibition d Lan or exchange program b Scholary research e Other c Preservation for future generations e Other d Provide a description of the organization's collection's collectis's collectis's collection's collection's collection's'	3		on, and other records	s, check any of	the fo	ollowing that	make si	gnifica	nt use of its	i	
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization and out the organization's exempt purpose in Part XIII. No b If "Yes," explain the arrangement in Part XIII and complete the following table: Yes No c Beginning balance 1e 1e d Ansount 1e 1e 1e d Didto complete and anot on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes, and anot on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Portion years back (e) Four years back (e) Four years back ie) f				┌─┐.							
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) revest on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (i) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1a Land 1a Land 1a Land 2,962. • Other 18,318. 15,356. 2,962. • Other 14, 2,962. 2,962. 14, 2,962.	С										
organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a Land 1a Land b Buildings 1a Land 2,962. c Leasehold improvements 18,318. 15,356. 2,962. e Other 1a through 1e. (Column (d) must egual Form 990, Part X, line 10c, column (B)) 2,962.											
i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings c Leasehold improvements d Equipment 18,318. 15,356. 2,962. e Other 2,962.	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are h	eld an	d administer	ed for th	е		1	
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 18,318. 15,356. 2,962. e Other 18,318. 15,356. 2,962.		c									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a 1a 2, 962. c Leasehold improvements 18, 318. 15, 356. 2, 962. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 2, 962.											
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(ii) Related organizations?								3a(ii)	X
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land	b				e R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4 Par			vment funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land				Part IV. line 1	1a. Se	ee Form 990.	Part X	line 10			
basis (investment) basis (other) depreciation 1a Land										(d) Roo	k valuo
1a Land		Description of property		• •		I	• •			(u) 600	K value
b Buildings	19	Land		,		,	2.0		-		
c Leasehold improvements d Equipment 18,318. 15,356. 2,962. e Other d Equipment d Equipment 2,962. 2,962. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,962. 2,962.											
d Equipment 18,318. 15,356. 2,962. e Other 7otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,962.											
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,962.					1	8,318.		15.	356.		2,962.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					_	,					, •
				K line 10c co	lumn	(B))					2,962.
				<u></u>							-

Part VII	Investments - Other Securities Complete if the organization answered "Yes"	on Form 990 Part IV line	11b Soo Form 000 Part V line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (I	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, co	І. (В))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. <u>(Colu</u>	<u>mn (b) must equal Form 990, Part X, line 25, co</u>	<u>I. (В))</u>		

BENNINGTON PUBLIC SCHOOLS FOUNDATION

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 BENNINGTON PUBLIC SCHOOLS 1				3880988 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,073,415.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	334,408.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	334,408.
3	Subtract line 2e from line 1			3	1,739,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
					4 8 9 9 9 9 9
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,739,007.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		1,739,007. 1
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F		1
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F		1,739,007. n 1,533,720.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	Expenses per F	Returi	1
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per F	Returi	1
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	Expenses per F	Returi	1
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Returi	1
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per F	Returi	1
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	Returi	1,533,720. 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1	1
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1 2e	1,533,720. 0.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	1,533,720. 0.
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	Expenses per F	1 2e	1,533,720. 0.
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per F	1 2e	1,533,720. <u>0.</u> 1,533,720. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per F	1 2e 3	1,533,720. 1,533,720. 0. 1,533,720.

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

PART V, LINE 4:

AWARDING ANNUAL SCHOLARSHIPS

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES AS A NON-PROFIT

CORPORATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE

FOUNDATION IS SUBJECT TO TAX ON INCOME FROM UNRELATED BUSINESS ACTIVITIES,

IF ANY. FOR THE YEAR ENDED AUGUST 31, 2024 AND THE PERIOD FROM JANUARY 1,

2023 TO AUGUST 31, 2023, THE FOUNDATION HAD NO TAX LIABILITY FOR UNRELATED

BUSINESS INCOME.

Schedule D						PUBLIC	SCHO	OLS	FOUND	ATI	ON	36-38	38098	88 Pa	age 5
Part XIII	Supple	emental Infor	mation	(contir	nued)										
<u> </u>															
RELATE	D TO	UNCERTAIN	I INC	COME	TAX	POSITI	ONS.	MAN	AGEME	NT I	BELIEVI	ES THA	AT II	' HAS	5
APPROP	RIATE	SUPPORT	FOR	ANY	TAX	POSITI	ON T	AKEN	AND,	AS	SUCH,	DOES	NOT	HAVE	3

ANY UNCERTAIN POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

THE FOUNDATION'S FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX

(FORM 990) FOR AUGUST 31, 2023, DECEMBER 31, 2022 AND 2021 ARE SUBJECT TO

EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, o	or if the	2023
Department of the Treasury		Attach to Form 990 o	or Form	n 990	-EZ.			Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.		Inspection
Name of the organization		TON PUBLIC SCHOOLS	FO	JNDA	ATION		Employer i 36-388	dentification number
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 17	'. Form 990-	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluo rofessi ant to	non-g gover aising of ding of onal fu agreer	overnment grants nment grants events ficers, directors, trust undraising services?	ne fun	draiser is to	
(i) Name and addres or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	y) to (or retained by)
			Yes	No				
Total			<u></u>					
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from	registration

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

BENNINGTON PUBLIC SCHOOLS FOUNDATION

36-3880988 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		er fandralening evente contributione and gre			vente with groop receipt	e greater triair ¢e,eeer
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA			col. (c)
۵			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	86,696.			86,696.
	2	Less: Contributions	65,132.			65,132.
	3	Gross income (line 1 minus line 2)	21,564.			21,564.
	4	Cash prizes				
6	5	Noncash prizes				
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				70,863.
	10	Direct expense summary. Add lines 4 through	1 9 in column (d)			70,863.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-49,299.
Ра	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
۳	1	Gross revenue				
SS		Cash prizes				
Direct Expenses	3	Noncash prizes				-
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
~						
40						
		ere any of the organization's gaming licenses re	vokea, suspendea, or te	erminated during the tax y	ear?	Yes No
a	11	Yes," explain:				

Sch	nedule G (Form 990) 2023	BENNINGTON	PUBLIC	SCHOOLS	FOUNDATION	36-38	8098	38 Page 3
11	Does the organization conduct ga						Ye	s 🗌 No
	Is the organization a grantor, ben	eficiary or trustee of a t	rust, or a men	ber of a partne	rship or other entity formed			
	to administer charitable gaming?						Ye	s 🛄 No
	Indicate the percentage of gaming					1	10.	0/
	a The organization's facility						13a	%
	• An outside facility						13b	%
14	Enter the name and address of th	e person who prepares	the organizat	ion's gaming/sp	ecial events books and rec	ords:		
	Name							
	Address							
15a	a Does the organization have a con	tract with a third party	from whom th	e organization r	eceives gaming revenue?		Ye	s 🗌 No
I	o If "Yes," enter the amount of gam	ing revenue received by	y the organiza	tion \$	and the	amount		
	of gaming revenue retained by the	e third party \$						
(c If "Yes," enter name and address	of the third party:						
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Coming manager companyation	¢						
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee	In Inc	dependent cont	ractor			
17	Mandatory distributions:							
á	a Is the organization required under	r state law to make cha	ritable distribu	itions from the g	paming proceeds to			
	retain the state gaming license?						Ye	s 🔄 No
I	b Enter the amount of distributions	required under state la	w to be distrib	uted to other ex	cempt organizations or spe	nt in the		
	organization's own exempt activit		\$					
Pa	Supplemental Infor 15b, 15c, 16, and 17b, as				I, line 2b, columns (iii) and See instructions	(v); and Part	III, lines	9, 9b, 10b,
	105, 100, 10, and 115, at							

Schedule G	(Form 990) Supplemental Infor	BENNINGTON	PUBLIC	SCHOOLS	FOUNDATION	36-3880988	Page 4
Part IV	Supplemental Infor	mation (continued)					

332141 09-11-23

LHA

Noncash Contributions

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

BENNINGTON PUBLIC SCHOOLS FOUNDATION Part I Types of Property

I UI			-						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII.	ed on	(d) Method of de noncash contribu			S
1	Art - Works of art				,				
2	Art - Historical treasures								
2	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
5 6	Cars and other vehicles								
7									
8	Boats and planes Intellectual property								
9									
	Securities - Publicly traded Securities - Closely held stock								
10 11									
	Securities - Partnership, LLC, or trust interests								
12	o								
12	Qualified conservation contribution -								
13									
14	Austoric structures Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (<u>ITALY TRIP FOR</u>)	Х	1	10,	465.	FMV			
26	Other (NAPA VALLY TRIP)	Х	1	6,	046.	FMV			
27	Other (4 ZONE SPRINKLE)	Х	1		000.				
28	Other (INVISALIGN DENT)	Х	1	5,	500.	FMV			
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	or contributio	n any property rep	orted in Part I, lines	1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to I	be used t	or			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					ions?	31		X
32a	Does the organization hire or use third parties of		•	· • ·					
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	for which column (a	a) is cheo	ked,			
	describe in Part II.								

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

Schedule M (Form 990) 2023



Employer identification number

36 - 3880988

Schedule M	(Form 990) 2023	BENNINGTON	PUBLIC	SCHOOLS	FOUNDAT	ION	36-3880988	Page 2
Part II	Supplemental is reporting in Part	Information. Pro I, column (b), the nur ditional information.	vide the inforn nber of contrib	nation required b putions, the num	by Part I, lines 3 ber of items rec	0b, 32b, and 33, eived, or a comb	and whether the organiz ination of both. Also com	ation Iplete

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Name of the organization

BENNINGTON PUBLIC SCHOOLS FOUNDATION 36-388

36-3880988

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PRIMARY PURPOSE OF THIS ORGANIZATION IS TO PROVIDE AFFORDABLE

BEFORE AND AFTER SCHOOL DAY CARE AND PROVIDE SCHOLARSHIPS TO HIGH

SCHOOL SENIORS GOING ON TO COLLEGE TO FURTHER THEIR EDUCATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOOL, SCHOLARSHIPS FOR GRADUATING SENIORS AND TEACHER DEVELOPMENT.

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

THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR

BEFORE IT IS SIGNED BY THE EXECUTIVE DIRECTOR AND THEN SUBMITTED TO THE IRS

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

THE ORGANIZATION EDUCATES BOARD MEMBERS ON THE CONFLICT OF INTEREST POLICY

AND INFORMS THEM THAT ANY POTENTIAL CONFLICTS MUST BE DISCLOSED.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION AND SALARY COMPARISONS. THEN

THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION FOR FULL BOARD APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 36 - 3880988

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BENNINGTON PUBLIC SCHOOLS FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BENNINGTON PUBLIC SCHOOLS - 47-6002676							
11620 N 156TH ST							
BENNINGTON, NE 68007	PUBLIC SCHOOL	NEBRASKA	GOVERNMENT				х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	eral or	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	part	aging ner?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes		
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	1											
										+		
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	-											
	1											
	1											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)				400010		Yes	No

Schedule R (Form 990) 2023 BENNINGTON PUBLIC SCHOOLS FOUNDATION

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
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.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BENNINGTON PUBLIC SCHOOLS	В	261,886.	FAIR MARKET VALUE
(2) BENNINGTON PUBLIC SCHOOLS	L	1,071,084.	FAIR MARKET VALUE
(3)			
(4)			
(5)			
<u>(6)</u>			

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

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

(a)	(b)	(c)	(d)	(e	e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partners 501(c orgs	all 's sec.	Share of	Share of		ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage	
of entity		(state or foreign country)	excluded from tax under	orgs		total income	end-of-year	alloca	tions?	of Schedule K-1	partner	ownership	
		country)	sections 512-514)	Yes	No	Income	assets	Yes	No	(Form 1065)	Yes No		
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Schedule R (I	Form 990) 2023
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.