

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 06/01, 2019, and ending 05/31, 2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BRYN MAWR COLLEGE Doing Business As			D Employer identification number 23-1352621	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (610) 526-5000	
	101 N MERION AVENUE				
	City or town, state or province, country, and ZIP or foreign postal code BRYN MAWR, PA 19010				
F Name and address of principal officer: KIMBERLY E. CASSIDY 101 N MERION AVENUE, BRYN MAWR, PA 19010			G Gross receipts \$ 559,984,334.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.BRYNMAWR.EDU			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1885		M State of legal domicile: PA

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A RIGOROUS EDUCATION THROUGH AN UNDERGRAD LIBERAL ARTS CURRICULUM FOR WOMEN & THROUGH COEDUCATIONAL GRAD PROGRAMS IN ARTS & SCIENCES, & IN SOCIAL WORK & SOCIAL RESEARCH.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	33.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33.
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,323.
	6	Total number of volunteers (estimate if necessary)	6	909.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,342,086.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	42,794,567.	26,188,643.
	9	Program service revenue (Part VIII, line 2g)	112,541,758.	111,315,861.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	76,280,461.	66,145,477.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	189,010.	435,242.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,805,796.	204,085,223.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	46,843,821.	48,219,305.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	70,763,630.	71,062,179.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,245,281.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,644,702.	53,103,353.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	174,252,153.	172,384,837.	
19	Revenue less expenses. Subtract line 18 from line 12	57,553,643.	31,700,386.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,226,849,227.	End of Year 1,216,445,162.
	21	Total liabilities (Part X, line 26)	147,808,312.	152,329,606.
	22	Net assets or fund balances. Subtract line 21 from line 20.	1,079,040,915.	1,064,115,556.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer:	Date: 4/9/2021
	Type or print name and title: KARI FAZIO, CFO	

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
DANIEL ROMANO		04/07/2021		P00504182
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
Firm's address ▶ 2001 MARKET STREET, SUITE 700 PHILADELPHIA, PA 19103			Phone no. 215-561-4200	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 136,072,180. including grants of \$ 48,023,955.) (Revenue \$ 107,505,348.)

INSTRUCTION: DURING THE YEAR, BRYN MAWR COLLEGE'S ENROLLMENT CONSISTED OF APPROXIMATELY 1,385 FULL AND PART-TIME UNDERGRADUATE STUDENTS IN RESIDENCE AND 335 GRADUATE AND PROFESSIONAL STUDENTS. IN FY2020, BRYN MAWR CONFERRED 358 BACHELOR'S DEGREES; 75 POST-BACCALAUREATE CERTIFICATES; 93 MASTER'S DEGREES AND 8 DOCTORAL DEGREES. SEVENTY-FOUR PERCENT OF FULL-TIME UNDERGRADUATE STUDENTS RECEIVED SOME FORM OF FINANCIAL AID. THE AVERAGE AID AWARD WAS \$53,763. IN ADDITION, DURING FISCAL YEAR 2020, THE COLLEGE PROVIDED OVER \$4.6 MILLION IN SUBAWARDS TO OTHER INSTITUTIONS FOR INSTRUCTION IN CRITICAL LANGUAGES.

4b (Code:) (Expenses \$ 1,782,861. including grants of \$ 185,394.) (Revenue \$ 1,782,861.)

RESEARCH: SINCE ITS FOUNDING IN 1885, THE COLLEGE HAS MAINTAINED ITS CHARACTER AS A SMALL RESIDENTIAL COMMUNITY WHICH FOSTERS CLOSE WORKING RELATIONSHIPS BETWEEN FACULTY AND STUDENTS. THE FACULTY OF TEACHERS/SCHOLARS EMPHASIZES LEARNING THROUGH CONVERSATION AND COLLABORATION, PRIMARY READING, ORIGINAL RESEARCH AND EXPERIMENTATION. THE COLLEGE'S FACULTY RESEARCH SUPPORT PROGRAM REFLECT A STRONG INSTITUTIONAL COMMITMENT TO FACULTY SCHOLARSHIP AND TO THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH.

4c (Code:) (Expenses \$ 1,713,324. including grants of \$ 9,956.) (Revenue \$ 1,116,742.)

ATTACHMENT 2

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 139,568,365.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,323		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country FRANCE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
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:		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	X	

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

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (33), 1b (33), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY E. CASSIDY PRESIDENT OF THE COLLEGE	40.00 0.			X			541,800.	0.	124,867.	
(2) MARY OSIRIM PROVOST AND PROFESSOR	40.00 0.			X			237,815.	0.	74,593.	
(3) ROBERT A. MILLER CHIEF ALUM RELATIONS & DEV OFF	40.00 0.				X		273,635.	0.	36,077.	
(4) KARI FAZIO CFO AND CAO	40.00 0.			X			270,549.	0.	36,638.	
(5) DARLYNE BAILEY PROFESSOR	40.00 0.					X	213,326.	0.	30,991.	
(6) ROBERT J DOSTAL PROFESSOR AND INTERIM PROVOST	40.00 0.					X	203,358.	0.	35,834.	
(7) DEEPAK KUMAR PROFESSOR	40.00 0.					X	204,112.	0.	31,939.	
(8) GINA SIESING CIO AND DIRECTOR OF LIBRARIES	40.00 0.				X		192,905.	0.	29,656.	
(9) SAMUEL B. MAGDOVITZ COLLEGE COUNSEL	40.00 0.			X			195,013.	0.	27,207.	
(10) RUTH LINDEBORG SECRETARY OF THE COLLEGE	40.00 0.			X			167,767.	0.	53,772.	
(11) JENNIFER WALTERS DEAN OF UNDERGRADUATE COLLEGE	40.00 0.				X		179,046.	0.	39,486.	
(12) CHERYL LYNN HORSEY CHIEF ENROLLMENT OFFICER	40.00 0.				X		179,343.	0.	38,205.	
(13) GRACE ARMSTRONG PROFESSOR	40.00 0.					X	177,975.	0.	27,381.	
(14) JANET SHAPIRO EISENBERG DEAN OF GSSWSR AND PROFESSOR	40.00 0.					X	178,004.	0.	17,983.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANN LOGAN CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(16) CATHERINE ALLEGRA TRUSTEE	2.00 0.	X						0.	0.	0.
(17) CYNTHIA ARCHER VICE CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(18) SANDY BAUM TRUSTEE	2.00 0.	X						0.	0.	0.
(19) STEPHANIE L. BROWN TRUSTEE	2.00 0.	X						0.	0.	0.
(20) MARY L. CLARK TRUSTEE	2.00 0.	X						0.	0.	0.
(21) CECILIA A. CONRAD SECRETARY BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(22) SUSAN JIN DAVIS TRUSTEE	2.00 0.	X						0.	0.	0.
(23) CHERYL R. HOLLAND VICE CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(24) DENISE LEE HURLEY VICE CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(25) KIKI JAMIESON TRUSTEE	2.00 0.	X						0.	0.	0.
1b Sub-total								3,214,648.	0.	604,629.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,214,648.	0.	604,629.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 25

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JUSTINE D. JENTES VICE CHAIR BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(27) EILEEN P. KAVANAGH TRUSTEE	2.00 0.	X						0.	0.	0.
(28) ANTONIA L. KERLE TRUSTEE	2.00 0.	X						0.	0.	0.
(29) JEFFREY I. KOHN TRUSTEE	2.00 0.	X						0.	0.	0.
(30) AMY T. LOFTUS TRUSTEE	2.00 0.	X						0.	0.	0.
(31) ANA MARIA LOPEZ TRUSTEE	2.00 0.	X						0.	0.	0.
(32) SUSAN MACLAURIN VICE CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(33) PATRICK T. MCCARTHY TRUSTEE	2.00 0.	X						0.	0.	0.
(34) MARGARET SARKELA TRUSTEE	2.00 0.	X						0.	0.	0.
(35) JANET L. STEINMAYER VICE CHAIR, BOARD OF TRUSTEES	3.00 0.	X		X				0.	0.	0.
(36) SASKIA SUBRAMANIA TRUSTEE/PRES OF ALUMNAE ASSC	2.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) SEVERA VON WENTZEL TRUSTEE	2.00 0.	X					0.	0.	0.	
(38) TERESA WALLACE TRUSTEE	2.00 0.	X					0.	0.	0.	
(39) ELIZABETH VOGEL WARREN TRUSTEE	2.00 0.	X					0.	0.	0.	
(40) NANAR TABRIZI YOSELOFF TRUSTEE	2.00 0.	X					0.	0.	0.	
(41) BARRY MILLS TRUSTEE	2.00 0.	X					0.	0.	0.	
(42) CHRISTY A. ALLEN TRUSTEE	2.00 0.	X					0.	0.	0.	
(43) JING-YEA HSU TRUSTEE	2.00 0.	X					0.	0.	0.	
(44) KAREN KERR TRUSTEE	2.00 0.	X					0.	0.	0.	
(45) APARAJITA BHATTACHARYYA TRUSTEE	2.00 0.	X					0.	0.	0.	
(46) CYNTHIA CHALKER TRUSTEE	2.00 0.	X					0.	0.	0.	
(47) TIM BLAKE NELSON TRUSTEE	2.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 111

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a								
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions) . .	1e	6,997,680.							
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	19,190,963.							
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 5,038,862.							
	h	Total. Add lines 1a-1f ▶		26,188,643.							
	Program Service Revenue	2a	GROSS TUITION	Business Code	611710	85,525,014.	85,525,014.				
b		ROOM AND BOARD		721310	17,896,044.	17,896,044.					
c		OTHER AUXILIARY SERVICES		532000	4,347,669.	3,436,759.	910,910.				
d		PUBLIC SERVICE FEES		611710	1,116,742.	1,116,742.					
e		TRI-COLLEGE PROGRAMS		611710	1,900,514.	1,900,514.					
f		All other program service revenue			529,878.	529,878.					
g		Total. Add lines 2a-2f ▶			111,315,861.						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			49,120,923.		1,431,176.	47,689,747.		
	4	Income from investment of tax-exempt bond proceeds . ▶			162,572.			162,572.			
	5	Royalties ▶			2,997.			2,997.			
	6a	Gross rents	6a	(i) Real	(ii) Personal						
				Less: rental expenses	6b						
						Rental income or (loss)	6c				
								Net rental income or (loss) ▶		0.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other						
				Less: cost or other basis and sales expenses . .	7b						
						Gain or (loss)	7c				
								Net gain or (loss) ▶		16,861,982.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0.						
				Less: direct expenses	8b		0.				
						Net income or (loss) from fundraising events. ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	9a		0.						
Less: direct expenses				9b		0.					
					Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances	10a		0.							
			Less: cost of goods sold	10b		0.					
					Net income or (loss) from sales of inventory. ▶		0.				
Miscellaneous Revenue	11a	VENDING, MISC. SALES, REIMBURSED COSTS	Business Code	900099	432,245.		432,245.				
	b										
	c										
	d	All other revenue									
	e	Total. Add lines 11a-11d ▶			432,245.						
12	Total revenue. See instructions ▶				204,085,223.	110,404,951.	2,342,086.	65,149,543.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,672,291.	4,672,291.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,423,530.	43,423,530.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	123,484.	123,484.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,828,608.	878,354.	1,616,612.	333,642.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	51,622,622.	41,931,982.	6,856,592.	2,834,048.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,633,260.	3,425,530.	939,294.	268,436.
9 Other employee benefits	8,370,045.	6,175,925.	1,722,927.	471,193.
10 Payroll taxes	3,607,644.	2,703,893.	702,197.	201,554.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	38,198.	18,783.	19,355.	60.
c Accounting	269,783.		269,783.	
d Lobbying	17,764.	486.	17,278.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	7,998,882.	42,691.	7,955,205.	986.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,985,201.	1,523,480.	1,258,683.	203,038.
12 Advertising and promotion	64,409.	48,411.	15,998.	
13 Office expenses	8,052,666.	6,283,691.	1,605,292.	163,683.
14 Information technology.	2,557,827.	1,565,694.	943,630.	48,503.
15 Royalties.	0.			
16 Occupancy	2,430,070.	2,121,600.	276,689.	31,781.
17 Travel	1,861,690.	1,560,569.	78,761.	222,360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,160,980.	682,802.	369,664.	108,514.
20 Interest	5,344,868.	4,948,038.	323,841.	72,989.
21 Payments to affiliates.	0.			
22 Depreciation, depletion, and amortization	12,990,411.	11,539,978.	1,183,656.	266,777.
23 Insurance	843,675.	749,183.	76,775.	17,717.
24 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 O.)				
a POOLED INCOME FUND EXPENSES	1,087,111.		1,087,111.	
b BI/TRI-COLLEGE SHARED EXPS	502,980.	441,858.	61,122.	
c LIBRARY ACQUISITIONS	2,401,244.	2,401,244.		
d STUDY ABROAD PROGRAMS	2,304,868.	2,304,868.		
e All other expenses _____	190,726.		190,726.	
25 Total functional expenses. Add lines 1 through 24e	172,384,837.	139,568,365.	27,571,191.	5,245,281.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,838.	1	9,838.
	2 Savings and temporary cash investments	64,803,973.	2	85,795,671.
	3 Pledges and grants receivable, net	26,499,592.	3	23,114,104.
	4 Accounts receivable, net.	2,952,634.	4	2,837,819.
	5 Loans and other receivables from 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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	2,726,556.	7	2,560,340.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,734,274.	9	1,100,683.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 413,460,294.		
	b Less: accumulated depreciation.	10b 219,102,347.	196,781,900.	10c 194,357,947.
	11 Investments - publicly traded securities.	603,501,503.	11	571,898,048.
	12 Investments - other securities. See Part IV, line 11.	321,689,413.	12	329,113,011.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	6,149,544.	15	5,657,701.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,226,849,227.	16	1,216,445,162.	
Liabilities	17 Accounts payable and accrued expenses	10,831,884.	17	11,346,011.
	18 Grants payable	964,256.	18	605,054.
	19 Deferred revenue.	4,350,417.	19	3,866,357.
	20 Tax-exempt bond liabilities.	121,568,912.	20	126,435,330.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,092,843.	25	10,076,854.
	26 Total liabilities. Add lines 17 through 25.	147,808,312.	26	152,329,606.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	521,708,524.	27	519,651,207.
	28 Net assets with donor restrictions.	557,332,391.	28	544,464,349.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	1,079,040,915.	32	1,064,115,556.	
33 Total liabilities and net assets/fund balances.	1,226,849,227.	33	1,216,445,162.	

Part 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	204,085,223.
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,384,837.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,700,386.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,079,040,915.
5	Net unrealized gains (losses) on investments	5	-46,625,745.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	1,064,115,556.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	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)? <i>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).</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Schedule of Contributors

2019

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

Name of the organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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 or 990-EZ), 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, 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 ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization **BRYN MAWR COLLEGE**

Employer identification number
23-1352621

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	(d) Type of contribution
1		\$ 1,002,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 600,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,847,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BRYN MAWR COLLEGE**

Employer identification number
23-1352621

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	(d) Type of contribution
7		\$ 2,180,585.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BRYN MAWR COLLEGE**

Employer identification number

23-1352621

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II 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	SUBSCRIPTION	\$ 2,500.	11/14/2019
4	PUBLICLY TRADED STOCK	\$ 1,000,517.	04/29/2020
7	PUBLICLY TRADED STOCK	\$ 1,980,585.	11/26/2019

Name of organization **BRYN MAWR COLLEGE**

Employer identification number

23-1352621

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

BRYN MAWR COLLEGE MAINTAINS PROFESSIONAL MEMBERSHIPS WITH MANY EXEMPT ORGANIZATIONS THAT AS PART OF THEIR MISSIONS STRIVE TO REPRESENT THE INTERESTS AND VIEWPOINTS OF HIGHER EDUCATION TO THE NATIONAL AND STATE LEGISLATURES. ACCORDINGLY, A PORTION OF THE DUES PAID TO THESE MEMBERSHIP ORGANIZATIONS IS REPORTED HERE AS IT MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES. SOME OF THESE ORGANIZATIONS ARE: NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY BUSINESS OFFICERS (NACUBO), ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA (AICUP), AMERICAN ASSOCIATION OF UNIVERSITY WOMEN (AAUW), PENNSYLVANIA CONSORTIUM FOR THE LIBERAL ARTS (PCLA), NATIONAL ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS (NASFAA), NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY ATTORNEYS (NACUA), NATIONAL ASSOCIATION OF CLERY COMPLIANCE OFFICERS AND PROFESSIONALS (NACCOP), NATIONAL ASSOCIATION FOR COLLEGE ADMISSION COUNSELING (NACAC), COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA-HR), CONSORTIUM ON FINANCING HIGHER EDUCATION (COFHE), ASSOCIATION OF AMERICAN COLLEGES AND UNIVERSITIES (AAC&U).

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	925,190,917.	933,991,646.	887,633,825.	837,186,199.	904,324,032.
b Contributions	15,795,015.	25,129,386.	28,683,671.	10,979,934.	8,506,165.
c Net investment earnings, gains, and losses	17,392,216.	22,985,079.	73,877,705.	93,009,031.	-27,724,711.
d Grants or scholarships	8,654,440.	8,286,493.	8,072,607.	7,924,869.	7,181,738.
e Other expenditures for facilities and programs	40,603,781.	40,078,955.	39,059,760.	37,362,840.	34,349,919.
f Administrative expenses	8,108,900.	8,549,746.	9,071,188.	8,253,630.	6,387,630.
g End of year balance	901,011,027.	925,190,917.	933,991,646.	887,633,825.	837,186,199.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 43.6600 %
- b** Permanent endowment ▶ 32.8200 %
- c** Term endowment ▶ 23.5200 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the 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	

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	(d) Book value
1a Land		9,292,025.		9,292,025.
b Buildings		340,131,838.	181,909,923.	158,221,915.
c Leasehold improvements				
d Equipment		57,801,849.	32,801,136.	25,000,713.
e Other		6,234,582.	4,391,288.	1,843,294.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				194,357,947.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	245,065,011.	FMV
(B) REAL ASSETS (NON-MARKETABLE)	84,048,000.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	329,113,011.	

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	7,023,545.
(3) OTHER LT LIABILITIES	3,053,309.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	10,076,854.

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

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 4

THE COLLEGE'S ART AND ARTIFACT COLLECTIONS NUMBER MORE THAN 50,000 OBJECTS. THESE COLLECTIONS ENCOMPASS FIVE AREAS: FINE ARTS AND MUSIC; ARCHAEOLOGY; DECORATIVE ARTS; AND GEOLOGY. THE COLLECTIONS ENHANCE THE MISSION OF BRYN MAWR COLLEGE AND SERVE AS A RESOURCE FOR DIVERSE ACADEMIC DEPARTMENTS, INCLUDING HISTORY OF ART, CLASSICS, ANTHROPOLOGY, FINE ARTS, GROWTH AND STRUCTURE OF CITIES, GEOLOGY, HISTORY AND LANGUAGES. EACH YEAR HUNDREDS OF OBJECTS FROM THE COLLECTIONS ARE UTILIZED FOR RESEARCH BY FACULTY, STUDENTS, AND OUTSIDE SCHOLARS. IN ADDITION, OBJECTS ARE REGULARLY LOANED TO REGIONAL, NATIONAL, AND INTERNATIONAL MUSEUM EXHIBITIONS.

SCHEDULE D, PART V, LINE 4

THE COLLEGE'S ENDOWMENT FUNDS CONSIST OF BOTH DONOR RESTRICTED AND BOARD DESIGNATED FUNDS. THE ENDOWMENT SUPPORTS GRANTS, INSTRUCTIONAL AND RESEARCH PROGRAMS, LECTURES, LIBRARY PURCHASES, AND GENERAL OPERATIONS.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

THE COLLEGE HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDINGLY, FILES ANNUALLY FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX). THE COLLEGE ALSO FILES FEDERAL TAX FORM 990-T (EXEMPT ORGANIZATIONS BUSINESS INCOME TAX RETURN). THE COLLEGE MONITORS AND EVALUATES ITS ACTIVITIES FOR UNRELATED BUSINESS INCOME. THE TAX CUTS AND JOBS ACT (THE ACT) WAS ENACTED ON DECEMBER 22, 2017. THE ACT IMPACTS THE COLLEGE IN SEVERAL WAYS, INCLUDING A NEW EXCISE TAX ON

Part XIII Supplemental Information (continued)

NET INVESTMENT INCOME, INCREASES TO UNRELATED BUSINESS TAXABLE INCOME (UBTI) BY THE AMOUNT OF CERTAIN FRINGE BENEFITS FOR WHICH A DEDUCTION IS NOT ALLOWED, CHANGES TO THE NET OPERATING LOSS RULES, REPEAL OF THE ALTERNATIVE MINIMUM TAX (AMT), AND THE COMPUTATION OF UBTI SEPARATELY FOR EACH UNRELATED TRADE OR BUSINESS. THE COLLEGE HAS USED THE PUBLISHED FEDERAL GUIDANCE TO ESTIMATE THE TAX LIABILITY THAT THE ACT HAS CREATED FOR THE YEARS ENDING WITH MAY 31, 2020 AND MAY 31, 2019.

SCHEDULE D, PART XI

LINE 2D:

DISCOUNTS FOR TUITION, ROOM, AND BOARD (\$41,171,000) (RECLASS)

LINE 4B:

DISCOUNTS FOR TUITION, ROOM, AND BOARD \$41,171,000 (RECLASS)

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
BRYN MAWR COLLEGE

Employer identification number
23-1352621

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

SCHEDULE E, PART I, LINE 3

BRYN MAWR COLLEGE'S POLICY IS POSTED ON ITS WEBSITE AND CONTAINED IN
PRINTED ENROLLMENT MATERIALS PROVIDED TO ALL PROSPECTIVE STUDENTS.

SCHEDULE E, PART I, LINE 6A

BRYN MAWR COLLEGE RECEIVES FEDERAL, STATE, AND LOCAL GOVERNMENT FUNDING
FOR FINANCIAL AID, PROGRAM SUPPORT, AND RESEARCH.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	CURRICULUM	41,103.
(2) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	3,070.
(3) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY ABROAD	800.
(4) EAST ASIA AND THE PACIFIC	0.	0.	FUNDRAISING		5,786.
(5) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	CURRICULUM	56,221.
(6) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RECRUITING	3,748.
(7) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	12,144.
(8) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY ABROAD	77,982.
(9) EUROPE	0.	0.	FUNDRAISING		17,694.
(10) EUROPE	0.	0.	PROGRAM SERVICES	CURRICULUM	78,942.
(11) EUROPE	0.	0.	PROGRAM SERVICES	FELLOWSHIPS	40,633.
(12) EUROPE	0.	0.	PROGRAM SERVICES	RECRUITING	7,938.
(13) EUROPE	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	211,923.
(14) EUROPE	0.	0.	PROGRAM SERVICES	STUDY ABROAD	983,967.
(15) EUROPE	0.	6.	PROGRAM SERVICES	SUMMER LANGUAGE SCHOOL	135,500.
(16) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	CURRICULUM	66,657.
(17) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FELLOWSHIPS	11,370.
3a Subtotal		6.			1,755,478.
b Total from continuation sheets to Part I		1.			226,699,042.
c Totals (add lines 3a and 3b)		7.			228,454,520.

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

Schedule F (Form 990) 2019

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	RECRUITING	5.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	4,994.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	33,120.
(4) NORTH AMERICA	0.	0.	FUNDRAISING		2,804.
(5) NORTH AMERICA	0.	0.	PROGRAM SERVICES	CURRICULUM	1,601.
(6) NORTH AMERICA	0.	0.	PROGRAM SERVICES	FELLOWSHIP	5,973.
(7) NORTH AMERICA	0.	0.	PROGRAM SERVICES	RECRUITING	1,569.
(8) NORTH AMERICA	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	15,562.
(9) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	CURRICULUM	472.
(10) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	FELLOWSHIPS	60,564.
(11) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	RECRUITING	651.
(12) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	11,362.
(13) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY ABROAD	63,360.
(14) SOUTH AMERICA	0.	0.	FUNDRAISING		230.
(15) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	CURRICULUM	2,637.
(16) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	11,880.
(17) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	105,463.
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA	0.	0.	FUNDRAISING		28,415.
(2) SOUTH ASIA	0.	0.	PROGRAM SERVICES	FELLOWSHIPS	1,950.
(3) SOUTH ASIA	0.	0.	PROGRAM SERVICES	RECRUITING	111.
(4) SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	32,717.
(5) SUB-SAHARAN AFRICA	0.	1.	PROGRAM SERVICES	CURRICULUM	19,545.
(6) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FELLOWSHIPS	2,995.
(7) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	RSRCH/PROF DEVELOPMENT	10,197.
(8) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	53,209.
(9) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	CURRICULUM	1,875.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		211,813,481.
(11) EUROPE	0.	0.	INVESTMENTS		10,760,272.
(12) NORTH AMERICA	0.	0.	INVESTMENTS		3,652,028.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FELLOWSHIP AND PRIZES	EUROPE/ICELAND/GREENLAND	27.	40,633.	BANK CHECK			FMV
(2) FELLOWSHIP AND PRIZES	RUSSIA/NEWLY IND. STATES	7.	60,564.	BANK CHECK			FMV
(3) FELLOWSHIP AND PRIZES	MIDDLE EAST/NORTH AFRICA	14.	11,370.	BANK CHECK			FMV
(4) FELLOWSHIP AND PRIZES	NORTH AMERICA	3.	5,973.	BANK CHECK			FMV
(5) FELLOWSHIP AND PRIZES	SOUTH ASIA	2.	1,950.	BANK CHECK			FMV
(6) FELLOWSHIP AND PRIZES	SUB-SAHARAN AFRICA	2.	2,995.	BANK CHECK			FMV
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

BRYN MAWR COLLEGE STUDENTS MUST SUBMIT AN APPLICATION TO PARTICIPATE IN THE STUDY ABROAD PROGRAM. THE PROGRAM OFFICE MAINTAINS A LIST OF FOREIGN INSTITUTIONS WHICH MEET THE ACADEMIC REQUIREMENTS OF THE COLLEGE. A COMMITTEE REVIEWS AND APPROVES EACH APPLICATION. STUDENTS ENROLLED IN A STUDY ABROAD PROGRAM ARE BILLED COLLEGE TUITION AND ALL FINANCIAL AID FOR STUDY ABROAD IS POSTED TO STUDENTS ACCOUNTS AT THE COLLEGE. THE COLLEGE REMITS TUITION PAYMENTS DIRECTLY TO THE OVERSEAS PROGRAM ON BEHALF OF THE STUDENTS. GRADUATE STUDENTS WHO RECEIVE FELLOWSHIPS TO PURSUE RESEARCH OVERSEAS ARE MONITORED BY ADVISORS THROUGH REPORTS AND MEASUREMENT OF ACADEMIC PROGRESS.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FOUNDATION FOR COMMUNITY SERVICES 814 YARROW STREET BRYN MAWR, PA 19010	23-2844309	501 (C) (3)	37,500.				OPERATIONAL SUPPORT
(2) AMERICAN COUNCILS FOR INTERN'T'L EDUC. 1776 MASSACHUSETTS AVE WASHINGTON, DC 20036	52-1067256	501 (C) (3)	4,618,149.				FOREIGN LANGUAGE TRAINING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT FINANCIAL SUPPORT	1,232.	43,423,530.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

FINANCIAL AID TO INDIVIDUALS IS AWARDED BY THE COLLEGE'S FINANCIAL AID PROFESSIONALS IN ACCORDANCE WITH COLLEGE POLICIES. FINANCIAL AID IS ELECTRONICALLY DISBURSED AND CREDITED TO THE INDIVIDUAL STUDENT'S ACCOUNT FOR TUITION, FEES, ROOM, BOARD, AND OTHER ELIGIBLE CHARGES. AWARDS TO SUB-RECIPIENTS ARE IN ACCORDANCE WITH COLLEGE POLICIES AND PROVISIONS UNDER UNIFORM GUIDANCE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRYN MAWR COLLEGE

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-1352621

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	KIMBERLY E. CASSIDY PRESIDENT OF THE COLLEGE	(i)	473,526.	40,000.	28,274.	28,000.	96,867.	666,667.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	KARI FAZIO CFO AND CAO	(i)	270,549.	0.	0.	27,159.	9,479.	307,187.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	RUTH LINDEBORG SECRETARY OF THE COLLEGE	(i)	167,767.	0.	0.	17,767.	36,005.	221,539.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	SAMUEL B. MAGDOVITZ COLLEGE COUNSEL	(i)	195,013.	0.	0.	19,550.	7,657.	222,220.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	MARY OSIRIM PROVOST AND PROFESSOR	(i)	237,815.	0.	0.	24,435.	50,158.	312,408.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	CHERYL LYNN HORSEY CHIEF ENROLLMENT OFFICER	(i)	179,343.	0.	0.	18,301.	19,904.	217,548.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ROBERT A. MILLER CHIEF ALUM RELATIONS & DEV OFF	(i)	273,635.	0.	0.	27,400.	8,677.	309,712.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	GINA SIESING CIO AND DIRECTOR OF LIBRARIES	(i)	192,905.	0.	0.	19,479.	10,177.	222,561.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JENNIFER WALTERS DEAN OF UNDERGRADUATE COLLEGE	(i)	179,046.	0.	0.	18,374.	21,112.	218,532.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	ROBERT J DOSTAL PROFESSOR AND INTERIM PROVOST	(i)	203,358.	0.	0.	20,251.	15,583.	239,192.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	DEEPAK KUMAR PROFESSOR	(i)	204,112.	0.	0.	20,699.	11,240.	236,051.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	GRACE ARMSTRONG PROFESSOR	(i)	177,975.	0.	0.	17,902.	9,479.	205,356.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	DARLYNE BAILEY PROFESSOR	(i)	213,326.	0.	0.	21,447.	9,544.	244,317.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	JANET SHAPIRO EISENBERG DEAN OF GSSWR AND PROFESSOR	(i)	178,004.	0.	0.	17,644.	339.	195,987.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

FIRST-CLASS TRAVEL IS OCCASIONALLY ALLOWED FOR INTERNATIONAL FLIGHTS AND RAIL TRANSPORTATION.

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO RESIDE IN COLLEGE-OWNED HOUSING. THE RESIDENCE MUST BE AND IS USED FOR COLLEGE BUSINESS AND COLLEGE-SPONSORED FUNCTIONS. THE ESTIMATED VALUE OF THE PRESIDENT'S HOUSING IS EXCLUDED FROM TAXABLE INCOME BUT DISCLOSED ON SCHEDULE J, COLUMN D, NONTAXABLE BENEFITS \$41,650.

A HOUSING EXPENSE ALLOWANCE IS PROVIDED.

THE PRESIDENT WAS PROVIDED TAXABLE INCOME IN LIEU OF A PENSION CONTRIBUTION FOR WHICH THE COLLEGE ALSO PROVIDED A GROSS-UP PAYMENT FOR TAXES. THESE PAYMENTS ARE REPORTED IN COLUMN B(III).

SCHEDULE J, PART I, LINE 7

THE COLLEGE REPORTS NON-FIXED PAYMENTS ON SCHEDULE J, PART II.

Part III Supplemental Information

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

BONUSES, AS REPORTED IN COLUMN B(II), ARE BASED ON A NUMBER OF VARIABLES SUCH AS INDIVIDUAL GOAL ACHIEVEMENTS, OPERATIONAL ACHIEVEMENTS, OR TEMPORARY ASSUMPTIONS OF EXTRA DUTIES. BONUSES ARE DETERMINED AS PART OF THE OVERALL COMPENSATION REVIEW. THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES ANY BONUSES FOR THE PRESIDENT.

AN ADDITIONAL NON-FIXED PAYMENT, TAXABLE INCOME IN LIEU OF A COLLEGE PENSION CONTRIBUTION, IS REPORTED IN COLUMN B(III). REFER TO THE EXPLANATION FOR LINE 1A.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **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
BRYN MAWR COLLEGE

Employer identification number
23-1352621

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2010	23-2243852	70917RF75	05/26/2010	15,962,636.	CURRENT REFUND SER.1999;ISSUE COST		X		X		X
B PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2012A	23-2243852	70917SCS0	11/29/2012	15,543,415.	CURRENT REFUND SER.2002;ISSUE COST		X		X		X
C PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2014	23-2243852	70917SKZ5	07/09/2014	57,487,399.	CPTL PROJECT;ISSUE COST;ADV.RFND S		X		X		X
D MNTGMRY CNTY IND DEV AUTH BRYN MAWR SERIES 2017	23-2245125	61361RAF2	06/01/2017	22,248,671.	CRNT REFUNDING OF PHEFA SERIES 200		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	6,270,000.				3,965,000.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	15,962,636.		15,543,413.		57,700,349.		22,248,671.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds					2,566,735.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	302,627.		223,059.		464,162.		78,671.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			5,008,316.		30,181,823.			
11 Other spent proceeds	15,660,009.		10,312,038.		24,487,629.		22,170,000.	
12 Other unspent proceeds								
13 Year of substantial completion	2010		2014		2017		2017	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X	X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2019

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **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

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2019	23-2243852	70917S4X8	09/05/2019	30,327,611.	CRNT REFUNDING PHEFA SERIES 2010A;		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		32,037,700.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		86,721.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		22,877,800.						
12 Other unspent proceeds		9,073,179.						
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

Part III Private Business Use		TAX EXEMPT BONDS 1-4							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X	X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X	X			X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

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

PART IV, LINE 2C

PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY BRYN MAWR COLLEGE

SERIES 2014

ARBITRAGE REBATE CALCULATED 8/9/17; NEGATIVE ARBITRAGE AS OF 6/30/17,

THEREFORE NO REBATE DEPOSIT NECESSARY.

MONTGOMERY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BRYN MAWR SERIES 2017

ARBITRAGE REBATE CALCULATED 10/16/2017; NO REBATE LIABILITY THROUGH THE

END OF THE COMPUTATION PERIOD ENDING 6/1/2022.

PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY BRYN MAWR COLLEGE

SERIES 2019

ARBITRAGE REBATE CALCULATED 11/6/20; NEGATIVE ARBITRAGE AS OF 9/5/20,

THEREFORE NO REBATE DEPOSIT NECESSARY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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

BRYN MAWR COLLEGE

Employer identification number

23-1352621

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	106.	4,890,382.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other.				
15 Real estate - Residential				
16 Real estate - Commercial.				
17 Real estate - Other				
18 Collectibles	X	4.	148,480.	APPRAISED VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy.				
22 Historical artifacts.				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

JSA

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

SCHEDULE M

PART I, COLUMN (B)

NUMBER OF CONTRIBUTIONS:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 18

COLLECTIBLES:

THE COLLEGE'S COLLECTION WERE ENHANCED BY CONTRIBUTIONS OF AFRICAN ART
AND INUIT IVORY OBJECTS.

PART I, LINE 32B

THIRD PARTY ASSISTANCE OF NONCASH CONTRIBUTIONS:

THE COLLEGE USES A BROKER TO HANDLE RECEIPT AND SALE OF DONATED
SECURITIES. SALE PROCEEDS, TRANSACTIONS STATEMENTS, AND MONTHLY REPORTS
ARE SENT TO THE COLLEGE.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BRYN MAWR COLLEGE

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-1352621

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

FORM 990 WAS PREPARED BY AN EXTERNAL INDEPENDENT ACCOUNTING FIRM. FORM 990-T WAS PREPARED BY THE SAME INDEPENDENT ACCOUNTING FIRM. A COPY OF THE DRAFT OF FORM 990 WAS REVIEWED BY MANAGEMENT AND ANY CHANGES WERE MADE. THE AUDIT COMMITTEE REVIEWS THE FORM AND RELATED SCHEDULES AND EACH COMMITTEE MEMBER AFFIRMS EITHER THAT THE FORMS ARE ACCEPTABLE OR THAT CHANGES ARE NEEDED. ALL COMMITTEE MEMBERS ARE INFORMED OF THE SUBSTANTIVE CHANGES MADE DURING THIS PROCESS AND BEFORE THE DATE OF FILING. BEFORE FORM 990 IS FILLED, THE FULL BOARD OF TRUSTEES IS PROVIDED AN OPPORTUNITY TO REVIEW THE FINAL COPY WITH THE EXCEPTION OF SCHEDULE B, WHICH IS WITHHELD TO PRESERVE DONOR ANONYMITY.

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

BRYN MAWR COLLEGE HAS THE FOLLOWING CONFLICT OF INTEREST POLICIES:

1-DUALITY OF INTEREST APPLICABLE TO TRUSTEES, INCLUDING ADVISORY MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES; 2-FINANCIAL CONFLICT APPLICABLE TO MEMBERS OF THE TRUSTEE INVESTMENT COMMITTEE; 3-OUTSIDE EMPLOYMENT APPLICABLE TO FACULTY STAFF; 4-ACCEPTANCE OF GIFTS APPLICABLE TO FACULTY AND STAFF; 5-SIGNIFICANT FINANCIAL INTEREST APPLICABLE TO RESEARCHERS AND PRINCIPAL INVESTIGATORS. ON AN ANNUAL BASIS, TRUSTEES, OFFICERS, KEY EMPLOYEES, EMERITUS TRUSTEES AND SPECIAL ADVISORS TO THE BOARD OF TRUSTEES' COMMITTEES COMPLETE A QUESTIONNAIRE TO

Name of the organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
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DISCOVER AND REPORT CIRCUMSTANCES WHICH MAY PRESENT A CONFLICT OF INTEREST. THE COLLEGE MONITORS COMPLIANCE WITH THE TRUSTEE/OFFICER CONFLICT OF INTEREST POLICY BY CHECKING THAT THE ANNUAL QUESTIONNAIRE IS SUBMITTED BY EACH PERSON IN A TIMELY BASIS TO COLLEGE COUNSEL AND BY PERIODIC REMINDERS OF THE POLICY AT FULL MEETINGS OF THE BOARD OF TRUSTEES. THE COLLEGE'S BY-LAWS REGARDING CONFLICT OF INTEREST STATE THAT ANY DUALITY ON THE PART OF ANY TRUSTEE SHALL BE DISCLOSED TO THE BOARD OF TRUSTEES, AND MADE A MATTER OF RECORD THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST BECOMES A MATTER OF TRUSTEE ACTION. ANY TRUSTEE HAVING DUALITY OF INTEREST SHALL NOT VOTE OR USE HER OR HIS PERSONAL INFLUENCE ON THE MATTER, AND S/HE SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR THE MEETING. THE MINUTES OF THE MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM VOTING AND THE QUORUM SITUATION. ANY NEW TRUSTEE WILL BE ADVISED OF THIS POLICY UPON ENTERING THE DUTIES OF HER OR HIS OFFICE.

FORM 990, PART VI, SECTION B, LINE 15

THE COLLEGE HAS A FORMAL PROCESS FOR DETERMINING COMPENSATION FOR THE CHIEF EXECUTIVE (PRESIDENT), OTHER OFFICERS, AND KEY EMPLOYEES. INDEPENDENT SURVEYS ARE COMMISSIONED ANNUALLY TO UPDATE APPROPRIATE MARKET DATA FOR EACH POSITION. THE PRESIDENT RECOMMENDS THE ANNUAL COMPENSATION FOR OFFICERS, AND KEY EMPLOYEES. THE EXECUTIVE COMMITTEE REVIEWS THE RECOMMENDATIONS AND APPROVES THE COMPENSATION AMOUNTS. THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE. COMPENSATION DECISIONS ARE DOCUMENTED AND COMMUNICATED TO THE HUMAN RESOURCES OFFICE FOR ACTION.

Name of the organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
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FORM 990, PART VI, SECTION C, LINE 19

THE COLLEGE MAKES IT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES AVAILABLE UPON REQUEST. THE COLLEGE POSTS ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 ON THE COLLEGE'S WEBSITE. FORM 990T IS AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRYN MAWR COLLEGE EDUCATES STUDENTS TO THE HIGHEST STANDARD OF EXCELLENCE TO PREPARE THEM FOR LIVES OF PURPOSE. THE COLLEGE'S RIGOROUS LIBERAL ARTS CURRICULUM AND DISTINGUISHED GRADUATE PROGRAMS FOSTER A THIRST FOR KNOWLEDGE, OPEN INQUIRY, GLOBAL PERSPECTIVES, CIVIC ENGAGEMENT, AND INNOVATION THROUGH STUDY ACROSS THE ARTS, HUMANITIES, SCIENCES, AND SOCIAL SCIENCES. A WORLD-CLASS FACULTY OF TEACHER-SCHOLARS, A TALENTED STAFF, AND A TIGHT-KNIT STUDENT BODY CULTIVATE INTELLECTUAL CURIOSITY, INDEPENDENCE, PERSONAL INTEGRITY, AND RESILIENCE IN A COMMUNITY OF PASSIONATE, JOYFUL LEARNERS.

AS A RESIDENTIAL WOMEN'S COLLEGE AT THE UNDERGRADUATE LEVEL, AND THROUGH COEDUCATIONAL GRADUATE PROGRAMS IN ARTS AND SCIENCES, IN SOCIAL WORK, AND IN POST-BACCALAUREATE PREMEDICAL TRAINING, BRYN MAWR IS COMMITTED TO WOMEN'S EDUCATION AND EMPOWERMENT, TO GENDER EQUITY, AND TO SUPPORTING ALL STUDENTS WHO CHOOSE TO PURSUE THEIR STUDIES HERE.

EQUITY AND INCLUSION SERVE AS THE ENGINE FOR EXCELLENCE AND INNOVATION. A COMMITMENT TO RACIAL JUSTICE AND TO EQUITY ACROSS ALL ASPECTS OF DIVERSITY PROPELS OUR STUDENTS, FACULTY, AND STAFF TO

Name of the organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REFLECT UPON AND WORK TO BUILD FAIR, OPEN AND WELCOMING INSTITUTIONAL STRUCTURES, VALUES, AND CULTURE.

EMERGING FROM THEIR BRYN MAWR EXPERIENCE EQUIPPED WITH POWERFUL TOOLS AND WITH A DEEPER UNDERSTANDING OF THE WORLD AND EACH OTHER, OUR GRADUATES DEFINE SUCCESS ON THEIR OWN TERMS AND LIFT UP OTHERS AS THEY MAKE A MEANINGFUL DIFFERENCE IN THE WORLD.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PUBLIC SERVICE AND CIVIC ENGAGEMENT: BRYN MAWR COLLEGE'S PHEBE ANNA THORNE SCHOOL HAS BEEN SERVING FAMILIES IN THE GREATER PHILADELPHIA AREA FOR MORE THAN SIXTY YEARS. THE THORNE SCHOOL CONTINUES TO OFFER DEVELOPMENTALLY ORIENTED, CHILD-CENTERED PRE-SCHOOL AND KINDERGARDEN PROGRAMS. CIVIC ENGAGEMENT COLLABORATES WITH COMMUNITY-BASED ORGANIZATIONS TO PREPARE STUDENTS TO BE SOCIALLY RESPONSIBLE LEADERS AND CITIZENS THROUGH PURPOSEFUL ACTION, REFLECTION, AND LEARNING. A WIDE VARIETY OF PROGRAMS INCLUDE PROVIDING DIRECT SERVICE SUCH AS TUTORING, TAX PREPARATION, MENTORING, AND LEADERSHIP TRAINING, AND REFLECTING ON THAT SERVICE INSIDE AND OUTSIDE OF A CLASSROOM SETTING. THIS DYNAMIC COMBINATION OF THE PRACTICAL AND THE ACADEMIC HELPS SHAPE STUDENTS' PROFESSIONAL GOALS, GIVES THEM REAL WORK EXPERIENCE, AND PROVIDES THE PHILADELPHIA METROPOLITAN AREA WITH MUCH-NEEDED SERVICES.

Name of the organization BRYN MAWR COLLEGE	Employer identification number 23-1352621
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ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AK, CO,

DC, MD, MA, MI,

NV, NH, NY, OH, OK, OR,

WA,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
HEALTH SCIENCES CONSTRUCTION GROUP 304 NEW MILL LN EXTON, PA 19341	BUILDING CONTRACTOR	3,347,448.
THE SULLIVAN CO 2 LA GRANGE AVE ESSINGTON, PA 19029	BUILDING CONTRACTOR	2,620,678.
CAMBRIDGE ASSOCIATES LLC 125 HIGH ST BOSTON, MA 02110	INVESTING CONSULTANT	2,013,406.
DELRAN BUILDERS CO INC 7909 FLOURTOWN AVE WYNDMOOR, PA 19038	BUILDING CONTRACTOR	1,090,385.
PABEC SYSTEMS INV PO BOX 60714 KING OF PRUSSIA, PA 19406	ELECTRIC CONTRACTOR	611,395.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

BRYN MAWR COLLEGE

Employer identification number

23-1352621

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 7 columns: (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 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) REMAINDER TRUSTS (TOTAL 23) C/O BRYN MAWR COLLEGE 101 N MERION AVE BRYN MAWR, PA 1901	CHRTABLE TRST	PA	N/A	TRUST					X
(2) CHARITABLE INCOME TRUSTS (TOTAL 14) C/O BRYN MAWR COLLEGE 101 N MERION AVE BRYN MAWR, PA 1901	CHRTABLE TRST	PA	N/A	TRUST					X
(3) CHARITABLE REMAINDER UNITRUSTS (TOTAL 16) C/O STATE STREET GLOBAL ADV. 1 IRON ST BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					X
(4) CHARITABLE GIFT ANNUITY FUND (TOTAL 1) C/O STATE STREET GLOBAL ADV. 1 IRON ST BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					X
(5) CHARITABLE POOLED INCOME FUND (TOTAL 1) C/O STATE STREET GLOBAL ADV. 1 IRON ST BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					X
(6) CHARITABLE POOLED GRWTH INC FD (TOTAL 1) C/O STATE STREET GLOBAL ADV. 1 IRON ST BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					X
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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