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DLN: 93493038004133

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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Internal Revenue			· -	requirements	Inspection
	2011 calendar year, or tax year beginning 07-01-2011	l and ending 06-30-2	012 	D Employer id	dentification number
B Check if a	BRIDGEWATER COLLEGE				
Address ch	Doing Business As			54-05063 E Telephone	
Name cha				/E40\030	E 1 0 7
Initial retu	Number and street (or F O box in main is not deliver	ed to street address) Room	/suite	(540) 828	-5467 ts \$ 76,364,810
Terminate	d 402 East College Street		-	G Gloss receipt	15 \$ 70,304,610
Amended		L			
Application	Bridgewater, VA 228121599 n pending				
	F Name and address of principal officer		H(a) Is this	s a group retu	ırn for
	Roy Ferguson		affiliat		⊤Yes ▼ No
	402 East College Street Bridgewater, VA 22812				
			1 ` `	affiliates inclu	· · ·
I Tax-exem	npt status	4947(a)(1) or		, attach a lis o exemption r	st (see instructions)
1 Website	:► www.bridgewater.edu			o champeion i	
			<u> </u>		
	ganization Corporation Trust Association Other		L Year of for	mation 1880	M State of legal domicile VA
Part I	Summary				
overnance	Shock this box	personal accountabili	y and civic respo	onsibility	
	Check this box 📭 if the organization discontinued its			ı	1
<i>ଦ</i>	Number of voting members of the governing body (Par			3	39
∮ <u>*</u> ,	Number of independent voting members of the governi Total number of individuals employed in calendar year	- ' '	•	5	
5 6	Total number of volunteers (estimate if necessary) .			6	1,045
-	Total unrelated business revenue from Part VIII, colu			7a	61,340
l l	Net unrelated business taxable income from Form 990			78 7b	35,754
	vec americae pasmess taxable meonic nom romn syst	7 1,11110 3 1 1 1	Prior	Year	Current Year
8	Contributions and grants (Part VIII, line 1h)			2,025,573	3,978,206
	Program service revenue (Part VIII, line 2g)			56,733,101	57,801,374
Heyenue	Investment income (Part VIII, column (A), lines 3,			4,288,859	3,579,967
Ž 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8			1,189,478	1,442,640
12	Total revenue—add lines 8 through 11 (must equal				
	12)			64,237,011	66,802,187
13	Grants and similar amounts paid (Part IX, column (A		•	22,311,513	23,502,322
14	Benefits paid to or for members (Part IX, column (A	•		0	0
χ ₂ 15	Salaries, other compensation, employee benefits (P 5-10)	art IX, column (A), line	S	21,029,359	21,881,248
∯ 16a	Professional fundraising fees (Part IX, column (A), I	ıne 11e)		, ,	
\$ 16a	Total fundraising expenses (Part IX, column (D), line 25) ▶1,21				
17 17	Other expenses (Part IX, column (A), lines 11a-11			17,224,701	18,862,664
18	Total expenses Add lines 13–17 (must equal Part			60,565,573	64,246,234
19	Revenue less expenses Subtract line 18 from line 1			3,671,438	2,555,953
Not Assets of Fund Balances 20 21 22			Beginning	of Current	End of Year
95 E 20	Total assets (Part X, line 16)		1	58,317,654	160,627,872
중절 21	Total liabilities (Part X, line 26)			48,412,235	51,646,797
ž₽ 22	Net assets or fund balances Subtract line 21 from l	ıne 20	. 1	09,905,419	108,981,075
Part II	Signature Block				
	Ities of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of Signature of officer Anne Keeler VP for Finance & Treasurer		icer) is based on a	III information	
	Type or print name and title			1	
Paid	Preparer's signature	Date	Check if self-employed	Preparer's taxp (see instruction	oayer identification number ns)
Preparer's		1	1	EIN Þ	
Use Only	If self-employed), address, and ZIP + 4			LIN F	

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

┌ Yes ┌ No

FOLI	1990 (201	тт)					Page ∠
Par			of Program Serv ule O contains a resi	-		II	
1	Briefly d	lescribe the o	rganızatıon's mıssıor	1			
ethic	al, healthy	y, useful, and	fulfilling lives with a	strong sense o	f personal accountal	r graduates will be equipped to bility and civic responsibility lence, affirming and challengin	This mission is carried out
2			ndertake any signific 990-EZ?	ant program se	ervices during the ye	ear which were not listed on	┌ Yes ┌ No
	If "Yes,"	describe thes	se new services on S	chedule O			
3	services	?	ease conducting, or i		nt changes in how it	conducts, any program · · · · · · · ·	┌ Yes ┌ No
4	Describe expense:	the organiza s Section 50	tion's program servic 1(c)(3) and 501(c)(4	e accomplishn) organization:	s and section 4947(three largest program service: a)(1) trusts are required to rep ach program service reported	
4a	(Code) (Expenses \$	34,338,008	ıncludıng grants of \$	23,502,322) (Revenue \$	43,306,584)
	departme sciences,	ents include art,	biology, chemistry, comr es, health and exercise so	nunication studies	and theatre, economics	al degree programs spread among 1' and business administration, education natics and computer science, music, p	on, English, family and consumer
4b	(Code) (Expenses \$	9,433,784	ıncludıng grants of \$	0) (Revenue \$	0)
	Ridge, Da offerings	aleville and Dillor include the mair	n Halls, honors houses, th n dining hall as well as the	e Wampler Tower E Eagle Nest and O	s, Strickler Apartments, S Crimson Cafe Bridgewate	ry services Housing including Wright stone Village housing community and er College also offers a variety of sun n, and more Other auxiliary facilities	the Boitnott House Food service nmer programs including athletic
	(Code) (Expenses \$	8,922,382	ıncludıng grants of \$	0) (Revenue \$	25,446)
	programn Carter Ce	ming board A nu enter for Worship mpus Center, an	ımber of staff work to ma and Music, Funkhouser (ike life outside of Center for Health a	class as fulfilling for BC s and Wellness, the studer	nd organizations, including Eagle Prod tudents as it is in class Facilities to si it life offices including career services enter, Mapp Field, Jopson Athletic Co	upport these initatives include, counseling and service-learning,
	10-4-) /F d	4 402 050		0.) (Daviania d	0.)
) (Expenses \$ it Bridgewater College inc r and the academic suppo		including grants of \$ the Academic Affairs, the	0) (Revenue \$ Alexander Mack Memorial Library, C	0) E Shull Information Technology
4d	Other p (Expens	_	ces (Describe in Sch 4,492,959 inc	nedule O) :luding grants (of\$	0)(Revenue\$	0)
4e	Total pi	rogram servic	e expenses►\$	57,187,13	33		

art IV	Check	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		N o
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		N o
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
a	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			
h	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
_	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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 or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶GK , VI			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
4~		140		NI o
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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

Se	ction A. Governing Body and Management			
			Yes	No
1.	Enter the number of voting members of the governing body at the and of the tax			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a	Yes	
D	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	_05		
17	List the States with which a copy of this Form 990 is required to be filed►NJ, OR, VA			
	<u>· · · · · · · · · · · · · · · · · · · </u>			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Mary S Schwab

402 East College Street Bridgewater, VA 22812

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Repo compo fro organiz	(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estima amount of compen from organizat relat	ated of other sation the ion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
See A	dditional Data Table											$^{+}$		
												\perp		
												4		
												+		
												+		
												+		
												+		
												\top		
1b	Sub-Total					•		<u> </u>						
d	Total from continuation sheets Total (add lines 1b and 1c) .						•	-		927,379		0		101,696
2 Total number of individuals (including but not limited to those listed above) who received more than														
2	\$100,000 of reportable compen			atıon i		teu	above) wnc	receive					
				atıon i			above) wno	- Teceive				Yes	No
3		sation from the	organız 	ruste	- 6 e, k	ey e		ee, c	or highes	t compens		3		No No
	\$100,000 of reportable compended by the organization list any form on line 1a? If "Yes," complete School organization and related organization and related organization.	mer officer, directive dir	ctor or t	ruste ual .	►6 e, k	ey e • pens	mploy • sation	ee, o	or highes • • • other coi	• • mpensatio	ated employee • • • n from the	3		
3	\$100,000 of reportable compended by the organization list any form on line 1a? If "Yes," complete Science organization and related organization and related organization and related organization.	mer officer, direct thedule J for such 1 a, is the sum of ations greater the	etor or t individe f report nan \$15	ruste ual able c	e, k	ey e • pens f "Y	mploy • sation es," cc	and omple	or highes other con te Sched	npensatio ule J for su	ated employee n from the ch	3		
3	\$100,000 of reportable compended by the organization list any form on line 1a? If "Yes," complete School organization and related organization and related organization.	mer officer, direct the dule J for such 1a, is the sum of ations greater the control of the cont	ctor or t individe freport nan \$15	ruste ual able c	e, k	ey e • pens f "Y • fror	mploy sation es," cc n any	and omple	or highes other con te Sched lated org	mpensatio ule J for su • • •	ated employee n from the ch		Yes	
3 4 5	\$100,000 of reportable compended by the organization list any form on line 1a? If "Yes," complete School of the second organization and related organization and related organization and related organization organization organization line 1a but any person listed on line 1a	mer officer, direct the dule J for such at land is the sum of ations greater the control of the	ctor or t individe freport nan \$15	ruste ual able c	e, k	ey e • pens f "Y • fror	mploy sation es," cc n any	and omple	or highes other con te Sched lated org	mpensatio ule J for su • • •	ated employee n from the ch	4	Yes	No
3 4 5	\$100,000 of reportable compended by the organization list any form on line 1a? If "Yes," complete Schor any individual listed on line organization and related organization and related organization and related organization line 1a services rendered to the organizations.	mer officer, direct hedule J for such a la, is the sum of ations greater the receive or accruzation? If "Yes," tractors highest compenit the organization	etor or t individe freport nan \$15 ue complet	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con ste Sched ated org son that rec	mpensatio ule J for su anization o	ated employee from the ch rindividual for the	4	Yes	No
3 4 5	Did the organization list any form on line 1a? If "Yes," complete Sch For any individual listed on line organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization.	mer officer, direct hedule J for such a la, is the sum of ations greater the receive or accruzation? If "Yes," tractors highest compenit the organization	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con ste Sched ated org son that rec	mpensation of the served more ryear endi	ated employee from the ch rindividual for the	4	Yes	No No
3 4 5 See 1 Brancl P O Bo	Did the organization list any form on line 1a? If "Yes," complete Sch For any individual listed on line organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization.	mer officer, direct hedule J for such 1a, is the sum of ations greater the receive or accrutation? If "Yes," tractors highest compend the organization rear (A)	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con the Sched lated org son that rec calenda	mpensation of the served more ryear endi	ated employee from the ch right individual for ethan ng with (B) ription of services	4	Yes (C	No No
3 4 5 See 1 Brancl P O Bo Roano Riddle 6127	Did the organization list any form on line 1a? If "Yes," complete Sch For any individual listed on line organization and related organization and related organization individual	mer officer, direct hedule J for such 1a, is the sum of ations greater the receive or accrutation? If "Yes," tractors highest compend the organization rear (A)	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con the Sched lated org son that rec calenda	mpensatio ule J for su anization o ceived mor r year endi	ated employee in from the ch or individual for e than ng with (B) ription of services	4	Yes (C	No No
3 4 5 See 1 Brancl P O Bo Roand Riddle 6127 Mount Royal 1920 Richm	Did the organization list any form on line 1a? If "Yes," complete Schiefor any individual listed on line 1 organization and related organization and related organization and related organization and related on line 1 as ervices rendered to the organizations rendered to the organization. Complete this table for your five \$100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation's tax your five 100,000 of compensation from or within the organization's tax your five 100,000 of compensation's tax your	mer officer, direct hedule J for such 1a, is the sum of ations greater the receive or accrutation? If "Yes," tractors highest compend the organization rear (A)	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con the Sched lated org son that rec calenda	mpensatio ule J for su anization of energy ending Desc Building con	ated employee in from the ch or individual for e than ng with (B) ription of services	4	Yes (C	No No No 2,839,374
Brancl P O Bo Roand Riddle 6127 Mount Royal 1920 Richm Stillwa 1548 Chark	Did the organization list any form on line 1a? If "Yes," complete Scheror any individual listed on line: organization and related organization and related organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization. Complete this table for your five \$100,000 of compensation from or within the organization's tax your within the organization's tax your shall be a company. Name and Associates be a compensation from or within the organization or within the	mer officer, direct hedule J for such 1a, is the sum of ations greater the receive or accrutation? If "Yes," tractors highest compend the organization rear (A)	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con other Sched	mpensatio ule J for su anization of energy ending Desc Building con	ated employee in from the ch in rindividual for e than ing with (B) ription of services tractor	4	Yes (C	No No No 2,839,374 519,023
Brancl P O Be Roand Riddle 6127 Mount Royal 1920 Richmus 1548 Charle G and 1320	Did the organization list any form on line 1a? If "Yes," complete Scheror any individual listed on line: organization and related organization and related organization and related organization and related organization. Did any person listed on line 1a services rendered to the organization. Complete this table for your five \$100,000 of compensation from or within the organization's tax you within the organization's tax you within the organization's tax you within the organization from or within the organization's tax you within the organization's tax you within the organization's tax you within the organization from or within the organization's tax you within the organization from or within t	mer officer, direct hedule J for such 1a, is the sum of ations greater the receive or accrutation? If "Yes," tractors highest compend the organization rear (A)	etor or t individe freport nan \$15 	able of the second seco	e, k	eey e pens ff "Y fror e J fo	mploy sation es," cc m any or suci	and omple	or highes other con other Sched	mpensatio ule J for su anization of eleved mor r year endi Desc Building con HVAC Contra	ated employee in from the ch or individual for e than ng with (B) Inption of services tractor actor	4	Yes (C	No No No S) Insation 2,839,374 519,023

Form 99								Page 9
	/	Statement o			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f g	Fundraising ever Related organiz Government grants All other contributed similar amounts no Noncash contri lines 1a-1f \$ 3	tes	0 0 0 0 218,173 3,760,033	3,978,206			
Program Service Revenue	2a b c d e		d conferences	Business Code 611310 721000 722212 451211 722320	43,306,584 7,615,055 6,748,890 99,135 6,264 25,446	43,306,584 0 0 0 0	0 0 0 0 6,264 25,446	0 7,615,055 6,748,890 99,135 0
<u> </u>	3 4 5 6a b	Investment inc and other similar Income from inves	404,710 66,940	ds, interest proceeds	57,801,374 1,095,050 0	0 0	0 0	1,095,050 0 0
	c d 7a b	Rental income or (loss) Net rental inco Gross amount from sales of assets other than inventory Less cost or	337,770 me or (loss) (I) Securities 11,978,619 9,384,777	16,500	354,270	0	20,164	334,106
Other Revenue	c d 8a	Gross income f events (not inc \$	2,593,842 from fundraising luding 0 s reported on line 1c) ne 18	-108,925 ►	2,484,917	0	-3,802	2,488,719
Othe	b c 9a b	Net income or (Gross income f See Part IV, lin Less direct ex	penses b (loss) from fundraising rom gaming activities ne 19 a penses b					
	c 10a b c	Gross sales of returns and allo Less cost of go Net income or (owances . a oods sold b (loss) from sales of inv	entory ►				
	11a b c d		ncomes les and fees	Business Code 611710 611710 611710	147,549 685,038 32,959 222,824	0 0 0	0 0 0 13,268	147,549 685,038 32,959 209,556
	12		See Instructions .	•	1,088,370 66,802,187	43,306,584	61,340	19,456,057 Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	t include amounts reported on lines 6b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0	expenses 0	general expenses	САРСПЭСЭ
2	Grants and other assistance to individuals in the United States See Part IV, line 22	23,502,322	23,502,322		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,178,212	290,044	586,142	302,026
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	16,068,808	11,873,651	3,618,342	576,815
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	850,900	653,354	167,405	30,141
9	Other employee benefits	2,586,985	1,183,915	1,362,429	40,641
10	Payroll taxes	1,196,343	853,420	288,888	54,035
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	22,695	0	22,695	0
C	Accounting	63,945	0	63,945	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	131,594	0	131,594	0
g	Other	878,662	649,499	175,008	54,155
12	Advertising and promotion	99,831	64,534	35,297	0
13	Office expenses	805,083	642,998	123,333	38,752
14	Information technology	479,422	471,372	8,050	0
15	Royalties	0	0	0	0
16	Occupancy	2,646,584	1,442,479	1,204,105	0
17	Travel	537,063	487,094	10,966	39,003
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	61,336	49,497	9,451	2,388
20	Interest	1,792,039	1,784,227	7,812	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	3,344,088	3,207,615	136,473	0
23	Insurance	187,451	64,799	122,652	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Auxiliary expenses	2,878,897	2,878,897	0	0
b	Student life and athletic expenses	947,342	947,342	0	0
c	maintenance allocation	0	4,276,109	-4,343,782	67,673
d	UBIT	19,095	12,431	6,664	
e					
f	All other expenses	3,967,537	1,851,534	2,069,722	46,281
25	Total functional expenses. Add lines 1 through 24f	64,246,234	57,187,133	5,807,191	1,251,910
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 480 530 1 14,109,266 16.574.681 2 Savings and temporary cash investments 3 3,510,292 3,320,242 242.672 232.145 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 4,229,605 3,994,563 7 80.162 8 75.781 0 9 9 Prepaid expenses and deferred charges 10a 110,592,500 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 40,475,710 b Less accumulated depreciation 67,890,774 10c 70,116,790 29,320,298 11 24,894,553 11 38,726,631 41,220,307 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 207,474 15 15 198,280 158,317,654 160,627,872 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 3,637,081 17 3,328,691 17 Accounts payable and accrued expenses . 18 18 0 19 1,470,323 19 2,160,914 20 26.657.896 20 25.483.582 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 23 Secured mortgages and notes payable to unrelated third parties . . . 119,081 23 25,482 24 Unsecured notes and loans payable to unrelated third parties 10,246,748 24 13,917,892 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 6,281,106 25 6,730,236 D 26 48,412,235 26 51,646,797 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 42,892,441 27 42,452,230 Unrestricted net assets 23,942,291 28 22,495,413 28 Temporarily restricted net assets Fund 29 43.070.687 29 44,033,432 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 109.905.419 33 108.981.075 34 Total liabilities and net assets/fund balances 158.317.654 160.627.872

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		66.8	302,187
2	Total expenses (must equal Part IX, column (A), line 25)	2			246,234
3	Revenue less expenses Subtract line 2 from line 1	3		2,5	555,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		109,9	05,419
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-3,4	180,297
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		108,9	81,075
Pai	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			T	No
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			165	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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 in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				1
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?	•	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493038004133

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Public Charity Status and Public Support

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

Employer identification number

BRIDGEWATER COLLEGE 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ┌ Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
1									
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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

DLN: 93493038004133

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

- ◆ 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

See See Nau	ction 501(c)(3) organizations that ction 501(c)(3) organizations that e organization answered "Ye ction 501(c)(4), (5), or (6) organization of the organization DGEWATER COLLEGE	s," to Form 990, Part IV, Line 4, or late have filed Form 5768 (election under standard NOT filed Form 5768 (election under standard), "to Form 990, Part IV, Line 5 (Pro	section 501(h)) Conder section 501(h oxy Tax) or Form	omplete Part II-A Do not n)) Complete Part II-B D n 990-EZ, line 35c (Pro Employer io	complete on the control of the contr	ete Part II-B complete Part II- x), then cation number	
1 2 3	Provide a description of the or in opposition to candidates for Political expenditures Volunteer hours	ganization's direct and indirect politic public office in Part IV	al campaign activ	/ities on behalf of or ▶	\$ <u>.</u>		
Pari L 2 3 4a	Enter the amount of any excise Enter the amount of any excise If the organization incurred a s Was a correction made?	ganization is exempt under setax incurred by the organization under tax incurred by organization manage ection 4955 tax, did it file Form 4720	er section 4955 ers under section	Þ	+ \$ _.	Г Yes Г Yes	┌ No
ar		ganization is exempt under s			01(c	:)(3).	
L 2 3	Enter the amount of the filing of exempt funtion activities	ended by the filing organization for sec organization's funds contributed to oth tures Add lines 1 and 2 Enter here a	ier organizations	for section 527	\$. \$.		
4 5	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b S Did the filing organization file Form 1120-POL for this year? 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) A mount paid from	'' '	e) A mount of p	eceived

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

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots 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 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠		
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) 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.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election		
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,		
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Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,500,000 Section \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 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 1ffrom 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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e					
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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? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000						
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five		
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d			
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
	2a	Lobbyin	g non-taxable amount							
	b									
c Total lobbying expenditures	c	Total loi	obying expenditures							
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))	e									

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)).	

		(a)		(b)
		Yes	No	Amount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?	Yes		
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		C
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		2,163
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		936
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			3,099
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		l No	
Ь	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		ŀ	
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).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

- Dues, assessments and similar amounts from members

 Section 162(e) non-deductible 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** Tota
- 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?
 - Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01		In January 2012, two employees and seven students traveled to the state capital to meet with their respective legislators to thank them for their past support of funding for the state's tuition assistance grant and to encourage their continued support of the program. The College's president sent an email to the campus community encouraging people to contact their respective legislators to ask them to continue their support of the state's tuition assistance grant. He also sent a letter to the College's legislator asking him to continue his support as well Bridgewater College belongs to the Council of Independent Colleges in Virginia which lobbies on behalf of all its member schools and their students, on issues of importance to private higher education.

2b

2c 3

<u>4</u>

DLN: 93493038004133

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

	ne of the organization		Employer identification	number
рКI	OOLWALER COLLEGE		54-0506306	
Pa	organizations Maintaining Donor A		inds or Accounts. C	omplete if the
	-	(a) Donor advised funds	(b) Funds and othe	r accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th			Yes No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit	enefit of the donor or donor advisor, or for an	y other purpose	Yes No
Pa	t II Conservation Easements. Complete		Form 990, Part IV, li	ne 7.
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queeasement on the last day of the tax year	tion or pleasure) Preservation of an Preservation of a c	ertified historic structure	
	,,,,,,	Γ	Held at the End	of the Year
а	Total number of conservation easements	Ī	2a	
b	Total acreage restricted by conservation easemen	:s	2b	
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c	
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d	
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminated	d by the organization duri	ng
4	Number of states where property subject to conser	vation easement is located ►	_	
5	Does the organization have a written policy regards enforcement of the conservation easements it hold			_Yes
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easeme	ents during the year 🛌	
7	Amount of expenses incurred in monitoring, inspec * \$	ting, and enforcing conservation easements	during the year	
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect		_ Yes
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financial		25
Par	Organizations Maintaining Collectic Complete if the organization answered		or Other Similar Ass	sets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	S 116, not to report in its revenue statemer d for public exhibition, education or researc	h in furtherance of public	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research in		
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	0
	(ii) Assets included in Form 990, Part X		► \$	61,099
2	If the organization received or held works of art, his following amounts required to be reported under SF		r financial gain, provide t	he

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

2ar	Organizations Maintaining Co	<u>llections of Art</u>	, His	torica	ıl Trea	isures, or (<u> 2the</u>	<u>r Similar Ass</u>	sets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follov	ving tha	t are a signific	ant ı	ise of its collect	ion	
а	▼ Public exhibition		d	Г	oan or e	exchange prog	rams	;		
b	Scholarly research		e	Γ	ther					
c	✓ Preservation for future generations									
4	Provide a description of the organization's content of the organization of the organiz	ollections and expla	ın hov	w they f	urther tl	he organizatio	n's e:	xempt purpose II	า	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								_ Yes	√ No
Pai	rt IV Escrow and Custodial Arrang						ed "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for con	tributio	ns or other as	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng tab	le	Ī		1		
								Am	ount	
с	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 F		e 21?					Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				115.4 11	. = 000				
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered Prior Yea		to Form 990 c)Two Years Bac		rt IV, line 10. I)Three Years Back	(e)Four \	ears Back
1a	Beginning of year balance	63,735,166	(5)		7,332	48,233,1	-	55,569,914	(C)i oui i	Cars back
b	Contributions	1,239,216		92	3,890	3,009,8	22	3,449,213		
c	Investment earnings or losses	893,284		11,45	0,474	6,354,0	39	-7,763,009		
d	Grants or scholarships	1,844,944		1,88	7,287	1,974,8	87	1,947,797		
е	Other expenditures for facilities and programs	849,103		86	64,674	825,8	82	782,323		
f	Administrative expenses	350,659		35	4,569	328,8	94	292,864		
g	End of year balance	62,822,960		63,73	5,166	54,467,3	32	48,233,134		
2	Provide the estimated percentage of the yea	r end balance held	as		•					
а	Board designated or quasi-endowment 🕨	5 9 %								
b	Permanent endowment ► 65 3 %									
С	Term endowment ► 288%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation t	that are	held ar	nd administere	d for	the		
	organization by							[a, t]	Yes	No
	(i) unrelated organizations			• •				3a(i	_	No
h	(ii) related organizations If "Yes" to 3a(ii), are the related organization						•	3b	- 	NO
4	Describe in Part XIV the intended uses of th						•			<u> </u>
Pai	rt VI Land, Buildings, and Equipme									
	Description of property		•	(a) Co	ost or othe investmer	er (b) Cost or o		(c) Accumulated depreciation	(d) Bo	ok value
1a	Land			1	742,6	95 88	4,192		1	1,626,887
b	Buildings				2,011,3	84 79,74	1,072	28,131,211	 	3,621,245
С	Leasehold improvements					0 12,49	4,425	4,482,248		8,012,177
d	Equipment					0 8,15	1,326	5,768,809		2,382,517
e	Other				3,138,0	3,42	9,376	2,093,442		4,473,964

70,116,790

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	27.025.204		f-year market value
(1)Financial derivatives	37,925,281		F
(2)Closely-held equity interests	3,295,026		F
Other			
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
	(-,	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II			_
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	, ,		
	400000		
Trust and annuity obligations	4,909,681		
U S Government grants refundable	1,820,555		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,730,236		
, , , , , , , , , , , , , , , , ,	5,730,230		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	66,802,187
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,246,234
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,555,953
4	Net unrealized gains (losses) on investments	4	-3,288,807
5	Donated services and use of facilities	5	0
6	Investment expenses	6	-191,490
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-3,480,297
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-924,344
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	63,215,158
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 0		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines 2a through 2d	2e	-3,288,807
3	Subtract line 2e from line 1	3	66,503,965
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 298,222		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	298,222
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	66,802,187
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	64,139,502
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	64,139,502
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 106,732		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	106,732
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	64,246,234
Pa	TXIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The museum is a general history museum which provides our students the opportunity to see items linked to historical events that they are studying
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Most of the college's endowments provide scholarships to our students. Some endowments fund faculty chairs, symposia and the operation of specific buildings
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Management has evaluated the effect of the guidance provided by U S generally accepted accounting principles on Accounting for Uncertainty in Income Taxes Management believes that the College continues to satisfy the requirements of a tax-exempt organization at June 30, 2012 Management has evaluated all other tax positions that could have a significant effect on the financial statements and determined the College had no uncertain income tax positions at June 30, 2012 Fiscal years ending on or after June 30, 2008 remain subject to examination by federal and state tax authorities

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As Filed Data -

DLN: 93493038004133

OMB No 1545-0047

2011

Open to Dublic

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Schools

Name of the organization BRIDGEWATER COLLEGE

Employer identification number

טעני	EWATER COLLEGE	0506306		
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its cother governing instrument, or in a resolution of its governing body?	harter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain If you need more space use Part II	m, ın a way		No
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially non basis?	discriminatory 4b	Yes	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	: dealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	<u>5a</u>	 	No I
b	Admissions policies?	<u>5b</u>		No
c	Employment of faculty or administrative staff?	<u>5c</u>		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	<u>5e</u>		No
f	Use of facilities?	<u>5f</u>		Νo
g	Athletic programs?	<u>5g</u>		No
h	O ther extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>	<u> </u> 	No
6-	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	1 1 6 5	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01			

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Bridgewater College draws from a wide geographical area not covered by one newspaper or broadcast media as a soliciation for students. As required by revenue procedure 75-50, Bridgewater College has publicized its racially non-discriminatory policy by including a statement of this fact in all its publications and promotional materials
SchE_P01_S00_L06	Schedule E, Part I, Line 6	Bridgewater College received financial aid in the form of Pell Grants, SEOG and Perkins loans which was awarded to our students based on federal guidelines

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493038004133

OMB No 1545-0047

2011

2011

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Open to Public Inspection

Name of the organization	
BRIDGEWATER COLLEGE	

Employer identification number

54-0506306

Pa	rt I General Informatio	n on Activiti	es Outside tl	ne United States Co	omplete if the organiz	ation answered
	"Yes" to Form 990, Pa			Te officed States: ex	omplete if the organiz	
1	For grantmakers. Does the	organization m	naıntaın record	s to substantiate the a	amount of the grants	or
	assistance, the grantees' elig					ard
	the grants or assistance?					┌ Yes ┌ No
2	For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed])		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean			Investments		1,914,044
	Europe (including Iceland and Greenland)			Investments		114,747
	-					
	_					
	_					
	_					
	_					
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	0	0			2,028,791

Pa	Part IV, I	ine 15, for any	sistance to Orgar recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Un 000. Check this box	nited States. Composite of the composite	olete if the organiza received more that	tion answered "Yes' n \$5,000	' to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	ent organizations lis or which the granted	ted above that are e or counsel has pro	recognized as chari ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or en	tities					: (Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
		+			+		
		+ +	·		+		
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		+	<u> </u>	-	+	1	+
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			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

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 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	[~	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	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)	F	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	Νo

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any Explanation
		<u>'</u>
	1	

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493038004133

Inspection

Internal Revenue Service Name of the organization Employer identification number BRIDGEWATER COLLEGE 54-0506306 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Institutional scholarships	1602	23,229,329	0	A mount of scholarship credited to students' accounts	
(2) VFIC Scholarships	39	70,143	0	Scholarship amount posted to students' accounts	
(3) Supplemental Educational Opportunity Grant	129	72,850	0	Scholarship amount posted to students' account	
(4) Lettie Pate Whitehead Scholarships	41	130,000	0	Scholarship amount posted to students' account	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	. ,	The Office of Financial Aid administers the following policies to assure that institutional grants and scholarships are used for proper purposes. The aggregate of institutional funds that an individual student receives is restricted to an amount equivalent to tuition and fees, Enrollment is confirmed each semester prior to disbursement of institutional funds, Eligibility for academic scholarships is limited to a maximum of eight (8) semesters. Renewal grade point average requirements are checked at the end of each academic year, Eligibility for institutional general grants requires a demonstration of need based on submission of the Free Application for Federal Student Aid (FAFSA), Endowed scholarships have selection criteria specific to each fund and the Director of Financial Aid oversees the selection of eligible students, when a student withdraws from school, the percentage adjustments made to tution as specified in the catalog

Compensation Information

DLN: 93493038004133

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization **Employer identification number** BRIDGEWATER COLLEGE 54-0506306

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any				
	☐ First-class or charter travel ☐ Housin	ng allowance or residence for personal use			
	Travel for companions Payme	nts for business use of personal residence			
	Tax idemnification and gross-up payments Health	or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Person	nal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follo reimbursement orprovision of all the expenses described above? If	HALL III DO LETTE I	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or a officers, directors, trustees, and the CEO/Executive Director, regain	adam a kilong a kanada a kanada a a kanada a a a a a a a a a a a a a a a a a	2	Yes	
3	Indicate which, if any, of the following the organization uses to esta organization's CEO/Executive Director Check all that apply	blish the compensation of the			
		n employment contract			
	☐ Independent compensation consultant ☐ Compe	ensation survey or study			
	Form 990 of other organizations	val by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	on A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualifie	d retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensa	tion arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	able amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lin				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	organization pay or accrue any			
а	The organization?	!	5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	organization pay or accrue any			
а	The organization?	(6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		,		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured	-			
_	subject to the initial contract exception described in Regs section				
	ın Part III		8	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable pre	sumption procedure described in Regulations			
	section 53 4958-6(c)?	-	9	Yes	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
			compensation	compensation				FOIIN 990-EZ
(1) George Cornelius	(I) (II)	300,852 0	0	0	14,700 0	28,057 0	343,609 0	0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Schedule J, Part I, Line 1a	The institution provides on campus housing to the president and his family This includes housekeeping services, lawn care and all utilities
		Beverly Butterfield received severance compensation for six months. Her severance pay began in September and was \$36,597 including wages and benefits for the calendar year
	Schedule J, Part I, Line 8	The President was paid a fixed salary based on a written contract. No part of his compensation was contingent on revenues or net earnings

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493038004133

Department of the Treasury Internal Revenue Service

Name of the organization BRIDGEWATER COLLEGE

Inspection Employer identification number

54-0506306

	Dead Year									5	54-050	6306				
P	art I Bond Issues (a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	² rice	(f)) Description	of Purpose	(g) De	efeased	Beh	On alf of suer		Pool	
]	<u> </u>			Yes	No	Yes	No	Yes	No	
A	Industrial Development Authority of the Town of Broadway Virginia	54-2028957	111606AY5	07-31-2003	9,881	6,541	housi	truction of st ing and facilit vation			x		X		х	
В	Industrial Development Authority of Rockingham County Virginia	54-1155987	773462CJ3	08-27-2003	15,036	6,270		ide funds to re e, 1987 issue e			х		Х		х	
c	Industrial Development Authority of the Town of Bridgewater Virginia	54-1381459	10874MAR4	08-09-2006	5,41	9,728	renov dınıng	\$4,059,412 was used to renovate the kitchen and dining area \$1,457,500 refund 2002 bonds			х		Х		х	
D	Industrial Development Authority of the Town of Bridgewater Virginia	54-1381459	00000000	12-12-2007	3,00			construction and renovation of campus facilities		f	х		Х		x	
Pa	Proceeds						<u> </u>									
_	A mount of honds returned			Α		_	В		С		 	D				
1	A mount of bonds retired			 	1,385,	.,000	 	3,910,000		1,4	440,000	+		729,230		
2	A mount of bonds defeased				 		0		0			0	' 		0	
3	Total proceeds of issue	4 5			 	9,918,			14,803,285			509,164	+		,051,834	
4	Gross proceeds in reserve fur					10,000	,000		15,160,000		5,4	425,000				
5	Capitalized interest from proc Proceeds in refunding escrow				+		0 0			0				0		
6	Issuance costs from proceed:						9							0		
7	Credit enhancement from proceeds					-	9,781 282,202			92,252						
8	Working capital expenditures				+	113	3,459		123,730	5,272						
9	Capital expenditures from pro				+		- 200		0				<u>'</u>	0		
$\frac{10}{11}$	Other spent proceeds				+	9,897	,309	1				059,412	+		,051,834	
11	O ther unspent proceeds				+		-	<u> </u>	14,754,068			457,500	<u>'</u> —		0	
13	Year of substantial completio	on .			200	04	\longrightarrow	200	0.3		2007		<u>'</u>	2009		
		···			Yes	No.		Yes	No No	Yes		No	Yes		No No	
14	Were the bonds issued as par	rt of a current refund	ding issue?		1	X	-	X		X	+		+		X	
15	Were the bonds issued as par	rt of an advance refu	unding issue?		+	X	-		X		+	X	+	\top	X	
16	Has the final allocation of pro-				T x		\rightarrow	X		Х	+		 	+		
17	Does the organization mainta			port the final	X		\rightarrow	X		X			X			
Da	allocation of proceeds? Int IIII Private Business U												<u> </u>			
Ľω	Private business of	<u> </u>			T_i	Α		<u> </u>	В		С		\top	D		
					Yes	No	0	Yes	No	Yes		No	Yes		No	
					· 1	1	,	1 '	1 '							

property financed by tax-exempt bonds?

financed property?

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

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

Χ

Χ

Χ

Χ

Χ

Χ

Χ

Χ

SCIII	edule K (Form 990) 2011									Page 🗷
Pai	rt III Private Business Use (Continued)									
	• • • • • • • • • • • • • • • • • • • •			A		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private bus use?	siness		х		х		Х		х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or othe counsel to review any management or service contracts relating to the finance property?									
с	Are there any research agreements that may result in private business use of financed property?	bond-		Х		х		x		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or othe 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 enother than a section 501(c)(3) organization or a state or local government	ntities		0 %		0 %		0	%	0 %
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government			0 %		0 %		0	%	0 %
6	Total of lines 4 and 5			0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensur- post-issuance compliance of its tax-exempt bond liabilities?	e the		×		х		Х		х
Pa	rt IV Arbitrage									·
		Α	1		В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No

	post-issuance compliance of its tax-exempt bond liabilities?			,,			, ,		, ,
Par	t IV Arbitrage								-
		Α			В	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the								
	bond issue?		.,		.,				.,
			X		X		X		Х
2	Is the bond issue a variable rate issue?		Х		X		X		Х
3a	Has the organization or the governmental issuer entered								
	into a hedge with respect to the bond issue?								
			X		X		X		Х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х	1	X		Х		Х
ь	Name of provider		l		'				
	Term of GIC								
	Was the regulatory safe harbor for establishing the fair market				<u> </u>				
	value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		V		,		V		V
	bellon.		X		X		X		Х
6	Did the bond issue qualify for an exception to rebate?					V		V	
		×		X		X		Х	

Part V **Procedures To Undertake Corrective Action**

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
	Part II, Line 3	Bond A - The variance is caused by interest income of \$ 100,549, accrued interest of \$20,968 and issurance discount of \$89,781 Bond B - The variance is caused by accrued interest of \$ 49,217 and underwriter's discount of \$ 282,282 Bond C - The variance is interest income of \$ 189,436 Bond D - The variance is interest income of \$51,834
	Schedule K, Part III, Line 7	The college adopted a written policy to ensure the post-issuance compliance of its tax-exempt bond liabilities on August 16, 2012

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As Filed Data -

DLN: 93493038004133

Employer identification number

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

BRIDGEWATER COLLEGE							5.	4-050630	06		
Part I Excess Benefit Tran Complete if the organizat							organı	zations c	nly).	ne 40b	
1 (a) Name of disqu					(b) Desc						(c) rected?
										Yes	No
2 Enter the amount of tax impose		_					_	ear under			
section 4958					e organization			>	\$ —		
		·		•	e organization :				<u> </u>		
Part II Loans to and/or F Complete if the organiz), Part IV, line 26	, or Forr	n 990-E	Z, Part V	, lıne 38	a	
		oan to						(f)			L
(a) Name of interested person and		m the zation?	(c)Orig		(d)Balance due	(e) I defau		Approved by board or		(g)Writ	
purpose	To	From	principal a	illoulit		Yes	No	committ Yes	ee? No	Yes	No
	10	FIOIII				165	NO	res	NO	res	140
								1			
								1			
Total				► \$	Persons						
Complete if the orga	nızatıc	n ansv	wered "Yes	" on Fo	rm 990, Part IV		27.				
(a) Name of interested pers	on	(1			een interested per ganization	son	(c) A m	ount of gr	ant or ty	pe of assi	stance

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) Smith Midland Corporation	Former trustee is owner of business		The college purchased materials for a construction project from the corporation		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493038004133

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization BRIDGEWATER COLLEGE

Employer identification number

Рa	rt I Types of Property				54-0506306			
	Types of Freporty	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d) Method of de contribution	etermır	_	
1	Art—Works of art	X	2		value to college			
	Art—Historical treasures			_	raide to contege			
	Art—Fractional interests							
4	Books and publications	X		15	value to college			
5	Clothing and household	· ·						
	goods	X		1	value to college			
	Cars and other vehicles							
	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	13	98,590	FMV			
	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 .	Х	2	241,872	FMV			
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles	Х	1	1	value to college			
19	Food inventory	Χ	1	1	value to college			
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts	Х	1	1	value to college			
	Scientific specimens							
24	Archeological artifacts							
	Other -							
25	archival Other ► (materials)	x	5	5	value to college			
23	Other - event				value to contege			
26	Other ► (expenses)	Х	2	2	value to college			
	Other - gıft							
27	O ther \blacktriangleright (cards/certificates)	X	6	6	value to college			
20	miscellaneous Other ► (equipment)	×	2	,	value to college			
28	donation of				Value to college			
	office							
	Other ► (furniture)	Х	1	2,500	FMV			
29	Number of Forms 8283 received for which the organization complete.				29		1	5
-	Duman the warm did the conserve		- h.,h., h., h	Dank T. J.	1 20 +		Yes	No
3Ua	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	t acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II			·	·			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	The college hired real estate agents to sell donated real estate
SchM_P01_S00_L33	, ,	The college does not record revenue for horses that are donated for the equestrian program

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493038004133

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization BRIDGEWATER COLLEGE

Employer identification number

54-0506306

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	The 990 was made available on-line to the entire board of trustees. During a meeting of the Audit Committee, the College's administration discussed significant parts of the form and asked the committee members to review the form and to notify the college by email when their review was complete.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The Director of Human Resources collects the annual disclosure forms for employees and any exceptions are reviewed by the President or his designee. The Vice President for Finance and Treasurer reviews the Board of Trustees forms.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually in August the Executive Committee of the Board of Trustees establishes the President's salary for the year. Information including peer salary data and published surveys for comparisons, along with historic trend data, is considered. The President is not present during the discussion. The Executive Committee performs an evaluation of the President. The full Board of Trustees reviews Executive Committee actions related to the President's compensation.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Bridgewater College does not make its governing documents and financial statements available to the public. The College's conflict of interest policy for employees is available on the College's wiebsite in the employee handbook.
F990_P11_S00_L05	Form 990, Part XI, Line 5	The adjustment is \$3,288,807 in unrealized losses and \$ 191,490 in investment expenses

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 54-0506306

Name: BRIDGEWATER COLLEGE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 4,492,959 including grants of \$ 0) (Revenue \$ 0)

Academic support areas at Bridgewater College include the Deap of the Academic Affairs, the Alexander Mack Memorial Library, C.E. Shull

Academic support areas at Bridgewater College include the Dean of the Academic Affairs, the Alexander Mack Memorial Library, C E Shull Information Technology Center, the writing center and the academic support center Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours	erage Position (check all urs that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Ronald Sınk Trustee	0	×						0	0	0
Stephen Hollinger Trustee	0	Х						0	0	0
W Gregory Broyles Trustee	0	х						0	0	0
A Wesley Graves Trustee	0	Х						0	0	0
Barbara Stoltzfus Trustee	0	х						0	0	0
Donna Walker Trustee	0	х						0	0	0
Kathy Wright Trustee	0	х						0	0	0
Nancy Bowman Trustee	0	Х						0	0	0
Mensel Dean Jr Trustee	0	Х						0	0	0
Mary G Garber Trustee	0	Х						0	0	0
Wilfred E Nolen Trustee	0	Х						0	0	0
Judy M Reimer Trustee	0	Х						0	0	0
Robert I Stolzman Trustee	0	Х						0	0	0
James H Walsh Trustee	0	Х						0	0	0
James L Wilkerson Trustee	0	Х						0	0	0
G Steven Agee Trustee	0	х						0	0	0
Susan Logan Craun Trustee	0	Х						0	0	0
William S Earhart Trustee	0	Х						0	0	0
Lawrence M Johnson Trustee	0	Х						0	0	0
Mıchael K Kyles Trustee	0	Х						0	0	0
J Allen Layman Trustee	0	Х						0	0	0
Nathan H Miller Trustee	0	х						0	0	0
Yancey W Ford Jr Trustee	0	Х						0	0	0
D Cory Adamson Trustee	0	Х						0	0	0
J Russell Bruner Trustee	0	Х						0	0	0

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Michael Del Giudice Trustee	0	Х						0	0	0	
Kathryn A Tuttle Trustee	0	Х						0	0	0	
Krıshna Kodukula Trustee	0	Х						0	0	0	
G Benjamın Wampler Trustee	0	Х						0	0	0	
George Cornelius President	40	Х		х				300,852	0	42,757	
Anne B Keeler Vice President for Finance and Treasurer	40			х				127,090	0	17,424	
Roy Ferguson Executive Vice President	40					х		135,000	0	8,255	
Carol Scheppard Vice President and Dean for Academic Affairs	40					х		131,313	0	12,052	
Reginald Webb Vice President for Enrollment	40					Х		112,651	0	13,367	
Beverly Butterfield Vice President for Advancement (see sch J)	40					x		120,473	0	7,841	