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DLN: 93493071005264

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

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspec<u>tio</u>n A For the 2012 calendar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31-2013 D Employer identification number B Check if applicable **BRYN MAWR COLLEGE** Address change 23-1352621 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 101 N Merion Avenue Terminated (610)526-5000 Amended return City or town, state or country, and ZIP + 4 Bryn Mawr, PA 190102899 Application pending **G** Gross receipts \$ 375,700,434 Name and address of principal officer **H(a)** Is this a group return for Kımberly Cassıdy ┌ Yes 🗸 No affiliates? 101 N Merion Avenue Bryn Mawr, PA 190102899 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** Tax-exempt status H(c) Group exemption number ► Website: ► www brynmawr edu L Year of formation 1885 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities The mission of Bryn Mawr College is to provide a rigorous education through an undergraduate liberal arts curriculum for women and through co-educational graduate programs in arts and sciences and in social work and social research Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI. line 1a) . . 25 25 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 2,370 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) . . . . . 6 1,176 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,320,501 **b** Net unrelated business taxable income from Form 990-T, line 34 -1,455,825 **Prior Year Current Year** 36,550,933 22,490,538 Contributions and grants (Part VIII, line 1h) . . 88,209,979 92,455,515 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 47,425,162 60,619,374 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 354,853 560,169 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 158,480,532 190,185,991 38,690,917 13 33,049,309 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 60,682,841 65,078,753 Expenses 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 391,143 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 5,476,296$ b 17 49,200,198 51,241,397 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 142,932,348 155,402,210 19 Revenue less expenses Subtract line 18 from line 12 . 15,548,184 34,783,781 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . 970,393,163 1,019,781,980 21 Total liabilities (Part X, line 26) . . . . . . 162,016,275 135,521,660 22 Net assets or fund balances Subtract line 21 from line 20 808,376,888 884,260,320 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-03-12 Signature of officer Date Sign Here <u>Jerry Berenson Interim Chief Financial Officer</u> Type or print name and title

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

Print/Type preparer's name

Firm's name

Firm's address 🕨

Paid

**Preparer** 

Use Only

Check  $\Gamma$ self-employed

Firm's EIN 🕨

Phone no

Date

Preparer's signature

☐Yes ☐No

PTIN

FUIII	A0 (5015)	ge .
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	.[v
1	Briefly describe the organization's mission	
See	hedule O Part III, line 1	
2	Old the organization undertake any significant program services during the year which were not listed on he prior Form 990 or 990-EZ?	
	f "Yes," describe these new services on Schedule O	
3	Old the organization cease conducting, or make significant changes in how it conducts, any program ervices?	
	f "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 120,763,071 including grants of \$ 37,540,464 ) (Revenue \$ 87,086,119 )	
	Instruction Bryn Mawr College's FY2103 enrollment consisted of 1,322 full and part-time undergraduate students and 452 graduate and professional students 1 FY2013, Bryn Mawr conferred 327 bachelor's degrees, 97 post-baccalaureate certificates, 116 master's degrees and 10 doctoral degrees. The entering class of tundergraduate college represented 35 states and 30 countries, with 34% of the class identified as "international". Some form of financial aid was received by 70 of the undergraduate students, with 73% receiving grant aid from Bryn Mawr College funds. The student-to-faculty ratio was 8 1, with a total of 157 full-time faculty, 54% of whom are women. In fiscal year 2013, the College provided over \$4.5 million in subawards to other institutions for instruction in critical language and mathematics.	:he 6%
4b	(Code ) (Expenses \$ 3,300,077 including grants of \$ 1,141,087 ) (Revenue \$ 3,300,077 )	
-	Research Since its founding in 1885, the College has maintained its character as a small residential community which fosters close working relationships between faculty and students. The Faculty of teacher/scholars emphasizes learning through conversation and collaboration, primary reading, original research and experimentation. The College's faculty research support programs reflect a strong institutional commitment to faculty scholarship and to the relationship between teaching and research. In fiscal year 2013, the College also administered several subawards to other institutions for research in computer science and for critical language programs.	
<b>4</b> c	(Code ) (Expenses \$ 2,424,647 including grants of \$ 9,366 ) (Revenue \$ 2,069,319 )	
	Public Service and Civic Engagement Bryn Mawr College's Child Study Institute (CSI) and Phebe Anna Thorne School have been serving children, adolescents, a adults in the greater Philadelphia area for more than sixty years CSI provides psychological testing, therapy/counseling, educational support, and school consultation to children and families in a comfortable and welcoming setting. The Thorne School offers developmentally oriented, child-centered pre-school and kindergarten programs. The Civic Engagement Office bridges the academic and civic missions of the College by sponsoring and supporting a wide variety of civic engagement opportunities for students, including volunteering, internships, community-based learning, activism, and organizing for social change.	
4-1	Other was grown as wiles (Dagawha in Cabadula O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Total program service expenses ► 126,487,795	—
4e	iotal program service expenses F 120,407,790	

## Part IV Checklist 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? If "Yes," complete Schedule D, Part II	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 for escrow or custodial account liability, 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		No
LO	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	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	
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
l4a	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, Parts I and IV	14b	Yes	
L5	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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
L <b>7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
L <b>8</b>	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
L9	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related 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 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

aг	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   433		. 33	.10
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
1	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ì	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country LCA , FR , GR			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_
a	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	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).	7-		NI a
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		N c
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
•	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
:	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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. 

56	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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		No No				
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					
b	<b>b</b> Each committee with authority to act on behalf of the governing body?							
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 R	evenu	ıe Cod	e.)				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) <b>No</b>				
	Did the organization have local chapters, branches, or affiliates?	evenu 10a						
10a				No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No				
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No				
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No				
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No				

## Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 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. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Elizabeth D Stewart - Controller Office of the Controller 101 N Merion Avenue Bryn Mawr, PA (610) 526-5632

Form 990	(2012	,
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours for related	(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-MI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Tıtle	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					5	(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-		(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compens∡ed employee	Former	2/1099	-MISC)	2/1099-MISC		relate organiza	ed
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
												+		
1b	Sub-Total							<u> </u>				+		
c	Total from continuation sheet	s to Part VII, S	ection /	Δ.	•		•	<b> -</b>				+		
d	Total (add lines 1b and 1c) .							Þ		3,529,275		0		628,155
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	ed more th	nan			
													T	
3	Did the organization list any <b>f</b> e	<b>ormer</b> officer. dii	ector o	r trus	stee.	. kev	emplo	vee.	. or hiahes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S	•					-	•				3	Yes	
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	crue coi	mpen	satı	on fr	om an	y unr	elated org	janization	or individual for	-	1.00	
	services rendered to the organ	nızatıon? <i>If</i> "Yes	," compi	lete S	chea	lule :	l for su	ch pe	erson .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											tax vear	
		(A) lame and business		4011	101		careria	ui ye	.ur chung		(B) scription of services		(C Comper	)
	ridge Associates LLC 100 Summer Stre	et Boston MA 02110	)2112								t consultants	士	1	,296,096
	Builders Company Inc 7909 Flourtow		or PA 190	38						building co building co	ntractor ntracting and construc	ction	1	,227,825
	s & Kıbblehouse Inc PO Box 196 Skıppı ullıvan Company Two LaGrange Avenu		290069							building co		$\dashv$		547,597 761,881
Mıller	Bros Dıv of Wampole Miller , 301 Ala	n Wood Road Cons	hohocker							building co	ntractor			403,604
2	Total number of independent co	ntractors (inclu	ding but	t not	lımıt	ed t	o thos	e list	ed above)	who rece	ived more than			

\$100,000 of compensation from the organization \( \blacktriangle 49\)

Part V	441	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII									
		Check If Schedu	ule O contains a respon	ise to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or			
	1a	Federated cam	paigns 1a	0				514			
ats nts			· -								
ig a	b	Membership du									
s, G Am	С	Fundraising eve	ents <b>1c</b>	0							
iğ iş	d	Related organiz	rations 1d								
Contributions, Giffs, Grants and Other Similar Amounts	е	Government grants	s (contributions) <b>1e</b>	7,996,974							
iği	f		ons, gifts, grants, and <b>1f</b>	28,553,959							
tributic Other		similar amounts no									
<u>i</u>	g	1a-1f \$	ons included in lines	1,253,477							
Com	h	Total. Add lines	s 1a-1f	🛌	36,550,933						
				Business Code							
ji (	2a	Gross tuition		611710	67,829,817	67,829,817	О	О			
£a ¥e	ь	Room and board		721310	17,748,217	17,748,217	0	0			
96 H	С	Other auxiliary ser	vices	532000	3,195,834	980,797	2,215,037	0			
9r YK	d	Public Services		611710	2,014,262	2,014,262	0	0			
Program Serwce Revenue	e	Trı-College Prograr	ms	611710	1,264,183	1,264,183	0	0			
<u>Tan</u>	f		am service revenue		403,202	403,202	0	0			
Š					·	/ =					
	g 3		s 2a-2f ome (including dividence		92,455,515						
	3		ome (including divident ar amounts)		35,610,260	О	105,464	35,504,796			
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨	602,296	0	0	602,296			
	5	Royalties		🕨	281	0	0	281			
			(ı) Real	(II) Personal							
	6a	Gross rents Less rental	272,529 291,154	0							
	6	expenses	·	0							
	С	Rental income or (loss)	-18,625	0							
	d	Net rental inco	me or (loss)		-18,625	0	0	-18,625			
			(ı) Securities	(II) O ther							
	7a	Gross amount from sales of assets other than inventory	209,630,107	0							
	b	Less cost or other basis and	185,223,289	o							
	c	sales expenses Gaın or (loss)	24,406,818	0							
	d	Net gaın or (los	s)		24,406,818	o	0	24,406,818			
ae	8a	Gross income f events (not inc \$									
Other Revenue			reported on line 1c) e 18 a	0							
her	ь	Less direct ex	penses b	0							
₹	С	Net income or (	(loss) from fundraising	events 🛌	0		0	0			
	9a		rom gaming activities ie 19 a	0							
	b c		penses <b>b</b> (loss) from gaming activ	0 /ities	0	0	0	0			
	10a	Gross sales of returns and allo		0							
	b c	_	oods sold <b>b</b> (loss) from sales of inve	o entory	o	0	0	0			
		Miscellaneous		Business Code							
	11a b	Vending, misce reimbursed cos		900099	578,513	0	0	578,513			
	c										
	d	All other reven	ue		0	0	0	0			
	e	Total. Add lines	L	🕨	F70 F4-						
	12		See Instructions	<b>.</b> }	578,513						
	- <b>-</b>	. J.u. icvellue.		• • • •	190,185,991	90,240,478	2,320,501	61,074,079			

	Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns Al	l other organızat	ons must comp	lete column (A )	
	Check if Schedule O contains a response to any question in this Pa	rt IX		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,517,761	4,517,761		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,121,504	34,121,504		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	51,652	51,652		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,684,127	512,508	1,888,488	283,131
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	113,141	113,141	0	0
7	Other salaries and wages	47,687,249	38,380,328	6,323,773	2,983,148
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,136,548	3,218,316	634,178	284,054
9	Other employee benefits	7,047,556	5,097,067	1,536,943	413,546
10	Payroll taxes	3,410,132	2,679,136	508,612	222,384
11	Fees for services (non-employees)				
a	Management	F2 147	020	F4 227	
b	Legal	52,147	820	51,327	0
C C	Accounting	209,871	0	209,871	0
d	Lobbying		0	0	
e f	Investment management fees	391,143 5,698,824	0	5,698,824	391,143
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on				
12	Schedule O)	4,660,548	3,012,652	<del>                                     </del>	168,032
12 13	Advertising and promotion	280,270	196,476	82,130	1,664
14	Office expenses	8,574,626 1,633,059	7,953,006 1,486,037	356,480 142,217	265,140 4,805
1 <del>4</del> 15	Royalties	1,633,059	1,486,037	142,217	4,805
16	Occupancy	3,086,912		<u> </u>	
17	Travel	2,045,947	2,831,333 1,503,352	227,344 398,552	28,235 144,043
18	Payments of travel or entertainment expenses for any federal,	2,043,947	1,303,332	390,332	144,043
10	state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,339,876	740,127	531,672	68,077
20	Interest	5,259,980	4,733,982	468,138	57,860
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	9,716,149	8,555,760	1,017,039	143,350
23	Insurance	646,178	494,670	137,357	14,151
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Study Abroad Program	2,875,179	2,875,179	0	0
b	Pooled Income Fund expenses	1,561,983	0	1,561,983	0
c	Bi-College and Tri-College Shared Program Costs	888,633	888,633	0	0
d	Library Acquisitions	2,304,461	2,304,461	0	0
e	All other expenses	406,754	219,894	183,327	3,533
25	Total functional expenses. Add lines 1 through 24e	155,402,210	126,487,795	23,438,119	5,476,296
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pa	T X	Check if Schedule O contains a response to any question in	this Part X .				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			68,293,135	2	47,119,837
	3	Pledges and grants receivable, net			6,264,894	3	10,152,720
	4	Accounts receivable, net			2,108,490	4	2,154,606
	5	Loans and other receivables from current and former officers key employees, and highest compensated employees Comp Schedule L	lete Part II of		539,672	_	0
ts	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions) Complete Part I	rıbutıng ıployees'	339,672	6	0	
Assets	7	Notes and leans reservable not			2,570,708		2,792,371
Ą	8	Notes and loans receivable, net			2,370,700	8	2,792,577
	9	Prepaid expenses and deferred charges			2,911,358		3,294,560
	10a	Land, buildings, and equipment cost or other basis		336.200.194	2,911,550	9	3,294,500
		Complete Part VI of Schedule D	104	136,527,202	204 416 170	10-	199,672,992
	b	Less accumulated depreciation			204,416,170 102,753,234		73,491,760
	11	Investments—publicly traded securities	, ,		<u> </u>		
	12	Investments—other securities See Part IV, line 11	572,691,472		674,900,693		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets		7 044 000	14	0	
	15	Other assets See Part IV, line 11			7,844,030		6,202,441
	16	Total assets. Add lines 1 through 15 (must equal line 34)		•	970,393,163		1,019,781,980
	17	Accounts payable and accrued expenses	8,003,620		8,588,739		
	18	Grants payable			1,855,404		1,771,824
	19	Deferred revenue			3,947,827	19	4,795,706
	20	Tax-exempt bond liabilities			134, 150, 245	20	109,894,865
S	21	Escrow or custodial account liability Complete Part IV of So				21	
Liabilitie	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqu		5,			
<u> </u>		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third par	ties			23	
	24	Unsecured notes and loans payable to unrelated third partie	s			24	
	25	Other liabilities (including federal income tax, payables to reand other liabilities not included on lines 17-24) Complete	Part X of Sche				
		D			14,059,179		10,470,526
	26	Total liabilities. Add lines 17 through 25			162,016,275	26	135,521,660
S do		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	► 🔽 and comp	lete			
G G	27	Unrestricted net assets			411,967,283	27	436,890,173
සි සි	28	Temporarily restricted net assets			202,487,906	28	231,002,870
돧	29	Permanently restricted net assets			193,921,699	29	216,367,277
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	k here ► ┌ an	d			
ō	30	Capital stock or trust principal, or current funds		_		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ 52	32	Retained earnings, endowment, accumulated income, or other		•		32	
7. 7.	33	Total net assets or fund balances			808,376,888	33	884,260,320
Net						-	· · ·
	34	Total liabilities and net assets/fund balances			970,393,163	34	1,019,781,980

Pai	t XI Reconcilliation of Net Assets							
	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		190,:	185,991			
2	Total expenses (must equal Part IX, column (A), line 25)	2						
3	Revenue less expenses Subtract line 2 from line 1	3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		808,3	376,888			
5	Net unrealized gains (losses) on investments	5		37,:	181,029			
6	Donated services and use of facilities	6			0			
7	Investment expenses	7			0			
8	Prior period adjustments	8	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,9	918,622			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		884,2	260,320			
Par	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				. Г			
				Yes	No			
1	Accounting method used to prepare the Form 990							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on						
	Separate basis Consolidated basis Both consolidated and separate basis			1				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate						
	▼ Separate basis							
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes				
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		ii				
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?	е	3a	Yes				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes				

**Software ID:** 12000197 **Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

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

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per week (list any	dıre	than	onot one son i er an trust	box s bot d a tee)	th	T	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
Arlene Joy Gibson Chair Board of Trustees	3	х		х				0	0	0	
Cynthia Archer Vice Chair Board of Trustees	3	х		х				0	0	0	
Edith Aviles de Kostes Trustee	3	х						0	0	0	
Susan Kelly Barnes Vice Chair Board of Trustees	3	х		х				0	0	0	
Sandy Baum Trustee	2	х						0	0	0	
Mary L Clark Trustee	2	х						0	0	0	
Joan Breton Connelly Trustee	2	х						0	0	0	
Susan Jin Davis Trustee	2	х						0	0	0	
Cheryl R Holland Trustee	2	х						0	0	0	
Denise Lee Hurley Vice Chair Board of Trustees	3	х		х				0	0	0	
Justine Jentes Trustee	2	х						0	0	0	
Eileen P Kavanagh President of the Alumnae Association	2	х						0	0	0	
Amy T Loftus Trustee	2	х						0	0	0	
Ann Logan Trustee	2	х						0	0	0	
Susan MacLaurin Trustee	2	х						0	0	0	
Patrick T McCarthy Trustee	2	х						0	0	0	
Margaret M Morrow Vice Chair Board of Trustees	3	х		х				0	0	0	
Randolph M Nelson Trustee	2	х						0	0	0	
Georgette Chapman Phillips Trustee	2	х						0	0	0	
William E Rankın Trustee	2	х						0	0	0	
Willa E Seldon Vice Chair Board of Trustees	2	х		х				0	0	0	
Beth Springer Trustee	2	х						0	0	0	
Janet L Steinmayer Secretary Board of Trustees	3	х		х				0	0	0	
Caroline C Willis Trustee	2	х						0	0	0	
Irving B Yoskowitz Trustee	2	х						0	0	0	

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

Compensated Employees, and Indepe	ndent Contra	actors						1	1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any	dire	than pers office	o not n one son is er and /trust	e box is bot nd a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Jerry Berenson Chief Administrative Officer	40			х				217,977	0	36,274
Kımberly E Cassıdy Provost	40			х				251,695	0	49,547
John Griffith Treasurer and Chief Financial Officer	40			х				254,056	0	56,888
Ruth Lindeborg Secretary of the College	40			х				106,027	0	31,583
Samuel B Magdovitz College Counsel	40			х				156,584	0	36,483
Jane Dammen McAuliffe President of the College	40			х				502,637	0	89,829
Donna Frithsen Chief Development Officer	40				х			256,350	0	34,564
Laurie Koehler Interim Dean of Enrollment	40				х			152,127	0	21,758
Robert A Miller Interim Chief Development Officer	40				х			24,061	0	28
Jennifer Rickard Chief Enrollment and Communications Officer	40				х			175,502	0	23,920
Elliott Shore Chief Information Officer and Professor	40				х			163,078	0	38,315
Darlyne Bailey Dean of Grad School Social Work and Social Research	40					х		194,027	0	27,250
Clark McCauley Professor	40					х		195,681	0	33,907
Michele Rasmussen Dean of the Undergraduate School	40					х		162,645	0	23,470
Leslie Rescorla Professor	40					х		163,483	0	24,950
Karen Tidmarsh Director of Academic Initiatives	40					х		165,049	0	29,626
Joseph Buccı Director of Human Resources	40						x	139,744	0	20,881
Elizabeth D Stewart Controller	40						х	116,090	0	27,638
Maria Wiemken Associate Treasurer	40						x	132,462	0	21,244

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DLN: 93493071005264

OMB No 1545-0047

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

Total

**SCHEDULE A** 

(Form 990 or 990EZ)

Name of the organization BRYN MAWR COLLEGE

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. **Employer identification number** 

**Open to Public** Inspection

		23-1352621										
	rt I			blic Charity Sta						structions		
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x)			
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).			
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedu	ıle E )					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4	$\Gamma$	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the	
	_			ty, and state								
5	ļ	_	· ·	erated for the benefi	_	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın	
	_			<b>A)(iv).</b> (Complete P	-							
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	Г			at normally receives in 170(b)(1)(A)(vi).			support from	a governme	ntal unit or fr	om the gene	ral public	
8	$\Gamma$	A comr	munity trust	described in <b>section</b>	170(b)(1)(	A)(vi) (Con	nplete Part II	)				
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3% o	fits support	from contrıb	utions, meml	pership fees	, and gross	
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	3% of	
		ıts sup	port from gro	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less :	section 511	tax) from bu	sinesses	
		acquire	d by the org	janization after June	30,1975 S	ee <b>section</b> 5	<b>609(a)(2).</b> (C	omplete Par	tIII)			
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
11	$\Gamma$	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										
				bes the type of supp								
	_			b Type II c								
е	ļ			ox, I certify that the on managers and otl								
			1411 10u11uati 1 509(a)(2)	on managers and ou	ner than one	or more pub	nciy support	eu organizat	ions describe	ed III Section	1309(a)(1)	ונ
f				received a written de	etermination	from the IR:	S that it is a <sup>-</sup>	Гуре I, Туре	e II, or Type	III supportı	ng organizati	ıon,
			his box									$\sqcap$
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the			
			ig persons? erson who di	rectly or indirectly o	ontrols eith	eralone ort	ogether with	nersons des	cribed in (ii)		Yes N	
				governing body of th	•		_	persons des	eribea iii (ii)	11g		<del></del>
		•		er of a person descri	• •					11g(	• • • • • • • • • • • • • • • • • • • •	—
		• •	•	lled entity of a perso			ahove?			11g(		—
h		` '		ng information about		., .,				119(	,	—
"		1 TO VIGO	. the followin	ig illiorillation about	тие зарроги	a organizati	1011(3)					
(i	) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	 :he	(v) Did you	notify	(vi) Is t		(vii) A mou	nt of
•	uppor		(1)	organization	organizati		the organiz	,	organizati		monetar	
or	ganiza	ation		(described on	col (i) list		ın col (i) o	•	col (i) orga		support	t
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S ?		
				or IRC section <b>(see</b>	docume	nt ′						
				instructions))						I		
				,,	Yes	No	Yes	No	Yes	No		

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493071005264

## OMB No 1545-0047

## Political Campaign and Lobbying Activities

**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.

Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** BRYN MAWR COLLEGE 23-1352621 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

sincadio o (i	om 550 or 550 E2, E012		rage
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)).		
		7-1	

	and War war and to be seen to the seen to be seen as the labeling	(6	a)	(b)
-or e activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
е	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities?	Yes		17,858
j	Total Add lines 1c through 1i			17,858
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	titt A. Complete if the expeniention is executed and earlier FO4/eV/AV exetic			

## 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?	mbers?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01		Lobbying activity Bryn Mawr College pays professional membership dues to several associations, such as the National Association of College and University Business Officers (NACUBO) and the Association of Independent Colleges and Universities of Pennsylvania (AICUP) Part of the mission of these exempt organizations is to represent the interests and viewpoints of higher education to the national and state legislatures Accordingly, part of the dues paid may be attributable to lobbying activities

DLN: 93493071005264

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			Emp	loyer ident if ica	tion numbe	r
вκΥ	N MANNE CULLEGE		23-1	1352621		
Part   Deganization   Support   Su						
		(a) Donor advised funds		<b>(b)</b> Funds and (	other accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
			or advı	sed	☐ Yes	┌ No
	used only for charitable purposes and not for the bene				┌ Yes	┌ No
aı		the organization answered "Yes" to	o Form	n 990, Part IV	, line 7.	
	Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	or education)  Preservation of an Preservation of a c	ertified	d historic struc	ture	
	· · · · · · · · · · · · · · · · · · ·	a qualified conservation contribution in tl	he form	n of a conserva	tion	
		-		Held at the	End of the	Year
1		-				
)	· · · · · · · · · · · · · · · · · · ·		2b			
		· · · -	2c			
I	historic structure listed in the National Register					
	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by th	e organization	during	
	the tax year ►					
	Number of states where property subject to conservat	ion easement is located ►				
		the periodic monitoring, inspection, hand	lling of	violations, and		┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents d	uring the year		
		g, and enforcing conservation easements	durıng	the year		
		d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
	balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financial ents	staten	nents that desc	rıbes	
ar			or Oth	her Similar .	Assets.	
3	works of art, historical treasures, or other similar asse	ets held for public exhibition, education, o	or rese	arch in furthera		
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset	.16 (ASC 958), to report in its revenue s ets held for public exhibition, education, o	statem	ent and balance		с
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	2 !	50,550
	(ii) Assets included in Form 990, Part X			<b>-</b> \$	24,84	1,557
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan			
1	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		0
,				•		0
	Assets included in Form 990, Part X			<b>-</b> →		

	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck a	ny of the	following that		cianificant us	٠.		
					ily of the	Tollowing that	are a	i sigiiiiicaiit us	e or its	5	
h E	Public exhibition		d	~	Loan or e	exchange prog	rams	<b>;</b>			
ין ט	Scholarly research		e	Γ	Other						
c F	Preservation for future generations										
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
	During the year, did the organization solicit							nılar	_		_
	ssets to be sold to raise funds rather than								Γ Ye	es	✓ No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				_		d "Y	es" to Form	990,		
I	s the organization an agent, trustee, custoo ncluded on Form 990, Part X?					ns or other ass	sets	not	┌ Ye	es	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XI	II and complete the	e follov	wing ta	ble	Γ			mount		
C i	Seginning balance					-	1c	^	mount		
_						<b>-</b>	1d				
•	Additions during the year					}	1e				
_	Distributions during the year					}	1e 1f				
•	Ending balance	000 D 1 V 1	242			L	11				
_	Old the organization include an amount on F	orm 990, Part X, III	ie ZI /	,					Γ Ye	es	□ No
	f "Yes," explain the arrangement in Part XII										<u> </u>
Part	V Endowment Funds. Complete	<u>if the organizatio</u> (a)Current year		Prior ye		to Form 990, c)Two years back				NIT VO	ars back
<b>1a</b> B	Seginning of year balance	675,444,705	(D)	714,36		620,198,851	+	556,789,315	(e)ro		8,706,942
	Contributions	16,917,633			07,169	10,867,781	-	10,172,717			1,248,124
	let investment earnings, gains, and losses	20,020,000			.,,===			,			
		97,305,016			71,222	120,277,860	-	88,213,752			7,807,336
	Grants or scholarships	6,095,530		5,6	17,321	5,265,669	9	5,094,718			5,278,703
	Other expenditures for facilities nd programs	29,093,145		27,80	04,444	26,052,435	5	23,792,034		2	5,422,904
f A	dministrative expenses	6,086,227			33,659	5,662,206	+	6,090,181			4,656,808
g E	nd of year balance	748,392,452		675,44	14,705	714,364,182	2	620,198,851		55	6,789,315
<b>2</b> P	rovide the estimated percentage of the cur	rent year end balan	ice (lir	ne 1g,	column (a	a)) held as					
a E	Board designated or quasi-endowment ►	70 73 %									
<b>b</b> P	Permanent endowment ► 29 05 %										
c T	emporarily restricted endowment • 0	22 %									
Т	he percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
	are there endowment funds not in the posse	ssion of the organiz	zation	that a	re held ar	nd administere	d for	the	_		
	organization by								-	es/	No
	i) unrelated organizations		•				•		(i) (ii)		No No
-	ii) related organizations				 ıle R?		•	<del></del>	b		110
	Describe in Part XIII the intended uses of the						•				
Part											
	Description of property		•	(a)	Cost or oth	er (b)Cost o		<b>(c)</b> Accumulated depreciation	(d)	<b>)</b> Boo	k value
<b>1a</b> La	nd				9,790,6	666	0			g	9,790,666
<b>b</b> Bı	ııldıngs				271,372,0	032	0	116,347,09	1	155	5,024,941
	asehold improvements					0	0		5		0
<b>c</b> Le				_			-				
	juipment				51,013,	295	0	20,180,11	1	30	0,833,184
<b>d</b> Ec	quipment				51,013,2 4,024,		0		1		

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	( <b>b)</b> Book value		od of valuation
(including name of security)			f-year market value
(1) Financial derivatives	0		
(2)Closely-held equity interests (3)Other	0		
(A) Domestic equities	4,190,772		F
(B) International equities	98,105,137		F
(b) International equities	30,103,137		<u> </u>
(C) Domestic fixed income	77,570,322		F
(D) Real assets	125,013,309		F
(E) Private equity	136,309,329		F
(F) Hedge funds	207,890,511		F
(G) Trusts	25,821,313		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 674,900,693		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>		
Part IX Other Assets. See Form 990, Part X, I	ne 15.		
(a) Descr	ption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part	1.		
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
Annuity obligation Asset Retirement Obligation	8,063,560		
Agency Funds	2,374,085		
Argency Funds	52,001		
Tabel (Column (h) much and Free 200 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) <b>2.</b> Fin 48 (ASC 740) Footnote In Part XIII, provide the te	10,470,526	nization's financial states	ments that reports the
Z. FIII 40 (ASC /40) FOOIHOLE THE ALL ALL HINNING THE			

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	191,689,596
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	33,451,437
3	Subtract line <b>2e</b> from line <b>1</b>	3	158,238,159
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 0		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	31,947,832
5	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12)	5	190,185,991
Part	<b>XII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	115,806,164
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	1	
c	Other losses		
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	291,154
3	Subtract line <b>2e</b> from line <b>1</b>	3	115,515,010
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 7,648,213		
b	Other (Describe in Part XIII )	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	39,887,200
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	155,402,210
			•

## Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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	Bryn Mawr's Art and Artifact collections number more than 50,000 objects These collections encompass five areas fine art, which includes paintings, sculptures, prints, drawings, and photographs, archaeology, anthropology, decorative arts, and geology The collections enhance the educational mission of Bryn Mawr College and serve as a resource for diverse academic departments, including History of Art, Archaeology, Classics, Anthropology, Fine Arts, Growth and Structure of Cities, Geology, History, and Languages Each year hundreds of objects from the collections are utilized for research by faculty, students, and outside scholars Although Bryn Mawr has never established a museum, public exhibitions of works from the collections have been presented since the 1980s in the College libraries and the archaeology and anthropology departments. In addition, objects are regularly loaned to regional, national, and international museum exhibitions. In recent years, the Internet has made possible student-originated on-line exhibitions of the collections, which can be viewed at www brynmawr edu/collections/Exhibitions
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The College's endowment funds consist of both donor restricted and board designated funds. The endowment supports student grants, instructional and research programs, lectures, library purchases, and general operations.
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The College has been granted tax-exempt status as a non-profit organization under Section 501(c) (3) of the Internal Revenue Code, and accordingly, files federal tax Form 990 (Return of Organization Exempt from Income Tax) annually The College also files federal tax Form 990-T (Exempt Organizations Business Income Tax Return) No adjustments to the financial statements were required The College will continue to monitor and evaluate its unrelated business income activity
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Investment management fees and other costs -\$6 1MM, Annuity Program expenses -\$1 6MM, transfer of funds +\$3 9MM
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Discounts for tuition and room and board \$32,238,987, rental property expenses \$291,154
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Rental property expenses \$291,154
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Discounts for tuition and room and board

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As Filed Data -

DLN: 93493071005264

OMB No 1545-0047

## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

BRYN MAWR COLLEGE

Name of the organization

## **Schools**

▶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.

**Employer identification number** 

22-1252621

Da	rt I		YES	NO
ĿĊ			11.3	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
а	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 nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		Νo
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	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 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II			
	or Nevertous 75-50, 1975-2 C. D. 507, covering racial nondiscrimination 217, NO, explain on Part II	7	Yes	

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)

Identifier	Return Reference	Explanation
SchE_P01_S00_L03	Schedule E, Part I, Line 3	Bryn Maw'r College's policy is posted on its website and contained in printed enrollment materials provided to prospective students
SchE_P01_S00_L06		Bryn Maw'r College receives federal, state, and local government funding for financial aid, program support, and research

Schedule E (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493071005264

OMB No 1545-0047

2012

Open to Public

**Inspection** 

SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization BRYN MAWR COLLEGE

**Employer identification number** 

23-1352621

					23-1352621	
Pa	General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	jibility for the g	grants or assis	stance, and the selecti	on criteria used to awa	ard
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	See Add'l Data					
	Sub-total Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

195,007,196

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	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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.

Part III	can be duplicated if additional space is needed.

Part III can be	duplicated if addition	nai space is n	eeaea.	1			
(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	( <b>h)</b> Method of valuation (book, FMV, appraisal, other)
Fellowships and prizes	East Asia and the Pacific	14	11,882	check	0		cash basıs
Fellowships and prizes	Europe (including Iceland and Greenland)	6	34,170	check	0		
Fellowships and prizes	North America (including Canada and Mexico, but not the United States)	2	2,550		0		
Fellowships and prizes	South America	1	250	check	0		cash basıs
Fellowships and prizes	South Asia	2	2,800	check	0		cash basıs
							dula E (Earma 000) 2012

## Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>▽</b>	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)	굣	Yes	Г	Νo
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)	굣	Yes	Γ	Νo
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)	<b>▽</b>	Yes	Г	Νo
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	✓	No

Schedule F (Form 990) 2012

## Part V Supplemental Information

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

as applicable. Als	so complete this part to provide any	y additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Bryn Mawr College students must submit an application to participate in the Study Abroad Program. The program office maintains a list of institutions overseas which meet the academic requirements of the College. A committee reviews and approves each application. Students enrolled in a study abroad program are billed College tuition. Financial aid for study abroad is posted to student accounts. The College remits tuition payments directly to the overseas program on behalf of the students. Graduate students who receive fellowships to pursue research overseas are monitored by advisors through reports and measurement of academic progress.
		Schedule F (Form 990) 2012

## **Additional Data**

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Central America and the Caribbean	0	0	Program Services	academic field trips, field schools, language programs	487
Central America and the Caribbean	0	0	Program Services	admissions recruitment	2,734
Central America and the Caribbean	0	0	Program Services	research, curriculum development	635

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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			
East Asia and the Pacific	0	0	Fundraising		8,956			
East Asia and the Pacific	0	0	Program Services	conferences, meetings, workshops	29,510			
East Asia and the Pacific	0	0	Program Services	admissions recruitment	8,855			

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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		
East Asia and the Pacific	0	0	Program Services	research, curriculum development	19,911		
East Asia and the Pacific	0	0	Program Services	study abroad	129,614		
Europe (including Iceland and Greenland)	0	0	Fundraising		8,484		

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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					
Europe (including Iceland and Greenland)	0	0		academic field trips, field schools, language programs	257,148					
Europe (including Iceland and Greenland)	0	0	Program Services	admissions recruitment	9,595					
Europe (including Iceland and Greenland)	0	0	Program Services	conferences, meetings, workshops	37,854					

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Europe (including Iceland and Greenland)	0	0	Program Services	research, curriculum development	90,677
Europe (including Iceland and Greenland)	0	0	Program Services	study abroad	1,230,960
Middle East and North Africa	0	0	Program Services	academic field trips, field schools, language programs	58,713

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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					
Middle East and North Africa	0	0	Program Services	conferences, meetings, workshops	2,416					
Middle East and North Africa	0	0	Program Services	research, curriculum development	8,988					
Middle East and North Africa	0	0	Program Services	study abroad	43,365					

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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				
North America (including Canada and Mexico, but not the United States)	0	0		conferences, meetings, workshops	9,854				
Russia and the newly independent States	0	0		research, curriculum development	1,975				
Russia and the newly independent States	0	0	Program Services	study abroad	30,000				

Form 990 Schedule F	<u>Part I - Activi</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
South America	0	0	Fundraising		5,913
South America	0	0	Program Services	admissions recruitment	3,078
South America	0	0	Program Services	research, curriculum development	1,371

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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					
South Asia	0	0	Program Services	admissions recruitment	11,894					
South Asia	0	0	Program Services	conferences, meetings, workshops	6,865					
South Asia	0	0	Program Services	research, curriculum development	950					

Form 990 Schedule F	Part I - Activi	<u>ties Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Sub-Saharan Africa	0	0	Fundraising		2,041
Sub-Saharan Africa	0	0	Program Services	academic field trips, field schools, language programs	7,679
Sub-Saharan Africa	0	0	Program Services	conferences, meetings, workshops	2,390

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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				
Sub-Saharan Africa	0	0	_	research, curriculum development	5,966				
Sub-Saharan Africa	0	0	Program Services	study abroad	53,776				
Central America and the Caribbean	0	0	Investments		176,533,654				

Form 990 Schedule F Part I - Activities Outside The United States										
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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					
Europe (including Iceland and Greenland)	0	0	Investments		16,380,888					

DLN: 93493071005264

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Inspection

Name of the organization BRYN MAWR COLLEGE

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

23-1352621

Part I	Fundraising Activities.	Complete if the organization answer	ered "Yes" to Form 990, Part IV, line 17.
--------	-------------------------	-------------------------------------	---

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- ✓ Mail solicitations
- ▼ Internet and email solicitations
- Phone solicitations
- ✓ In-person solicitations

- e Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (v) A mount paid to (ii) Activity (iii) Did (iv) Gross receipts (vi) A mount paid to fundraiser have (or retained by) (or retained by) individual from activity or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Creative Communications consulting and 16 Sage Estates planning for capital Νo 0 65,000 -65,000 campaign Albany, NY 12204 KublerWirka Inc consulting and

Wellesley, MA 02482	campaign	No	0	270,983	-270,983
MCL Consulting 2601 Pennsylvania Ave Ste 1125 Philadelphia, PA 19130	consulting and planning for capital campaign	No	0	55,160	-55,160

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

0

-391.143

391,143

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col <b>(a)</b> through col <b>(c)</b> )
<u>R</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	☐ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. 「Yes 「No
b	If"	No," explain				
10a b		re any of the organization's gaming   Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Jues	s the organization operate gaining act	ivities with hollinellibers		· · I Yes I No
<b>.2</b>	Is the organization a grantor, benefi	cıary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable gam	ung?		Г <sub>Yes</sub> Г <sub>No</sub>
3	Indicate the percentage of gaming a	ctivity operated in		
а	The organization's facility			13a
b	An outside facility			13b
4	Enter the name and address of the p	erson who prepares the organizati	on's gaming/special events books	and records
	Name 🟲			
	Address •			
5a	Does the organization have a contra			<b></b> No
b	If "Yes," enter the amount of gaming amount of gaming			d the
С	If "Yes," enter name and address of	the third party		
	Name 🕨			
	Address 🟲			
5	Gaming manager information			
	Name 🕨			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer	F Employee	Independent contractor	
,	Mandatory distributions			
а	Is the organization required under s	tate law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license? $$ .			Fyes Fno
b	Enter the amount of distributions red	quired under state law distributed	to other exempt organizations or sp	ent
	in the organization's own exempt act			
aı	columns (III) and (v), and		rovide the explanations require o, 15c, 16, and 17b, as applicat ions).	
	Identifier	Return Reference	Explana	tion
	•			

Schedule I (Form 990)

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

OMB No 1545-0047

2012

DLN: 93493071005264

ZUIZ

Department of the Treasury Internal Revenue Service Name of the organization

BRYN MAWR COLLEGE

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

Attach to Form 990

Inspection
Employer identification number

23-1352621

Part I General Inform	ation on Grants	and Assistance				I	
<ul> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the organization</li> </ul>	to award the grants	orassistance?					<b>▽ Y</b> es <b>▽</b>
Part II Grants and Oth	er Assistance to	Governments and recipient that received	Organizations in t	the United States			l "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) St Josephs University 5600 City Avenue Philadelphia, PA 191311395	23-1352674	501(c)(3)	22,313	0	cash	0	National Science Foundation sub- contract
(2) Philadelphia Educational Fund 1709 Benjamin Franklin Parkway 7th floor Philadelphia, PA 19103	22-2567982	501(c)(3)	23,275	0	cash	0	National Science Foundation sub- contract
(3) Temple University 1938 Liacouras Walk 2nd Floor Philadelphia, PA 19122	23-1365971	501(c)(3)	26,121	0	cash	0	National Science Foundation sub- contract
(4) University of Pennsylvania 3451 Walnut Street Room P221 Philadelphia, PA 19104	23-1352685	501(c)(3)	21,535	0	cash	0	National Science Foundation sub- contract
(5) University of New Mexico UNM Business Center Albuquerque, NM 87131	85-6000642	501(c)(3)	51,923	0	cash	0	National Science Foundation sub- contract
(6) ACTR ACCELS 1776 Massachusetts Avenue NW Ste 700 Washington, DC 20036	52-1067356	501(c)(3)	4,323,094	0	cash	0	foreign language training
(7) CJ Quill and Associates Inc 5 Hilltop Court Annapolis, MD 21403	52-2144863		12,000	0	cash	0	National Science Foundation sub- contract
(8) Foundation for Community Service 814 Yarrow Street Bryn Mawr, PA 19010	23-2844309	501(c)(3)	37,500	0	cash	0	Support of operations

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

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

<b>Part III</b>	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 23
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Student Financial Aid	996	34,094,110	C	) Cash	
Part IV Supplemental Inform	nation.		ı	<u> </u>	

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		Bryn Mawr College has several sub-recipients of government funds. The College complies with the provisions of Circular A-133 and any statutes governing sub-awards made by and to not-for-profit entities.

Schedule I (Form 990) 2012

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Josephs University5600 City Avenue Philadelphia, PA 191311395	23-1352674	501(c)(3)	22,313	0	cash		National Science Foundation sub- contract
Philadelphia Educational Fund1709 Benjamin Franklin Parkway 7th floor Philadelphia, PA 19103	22-2567982	501(c)(3)	23,275	0	cash		National Science Foundation sub- contract

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Temple University1938 Liacouras Walk 2nd Floor Philadelphia,PA 19122	23-1365971	501(c)(3)	26,121	0	cash		National Science Foundation sub- contract
University of Pennsylvania 3451 Walnut Street Room P221 Philadelphia, PA 19104	23-1352685	501(c)(3)	21,535	0	cash		National Science Foundation sub- contract

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of New Mexico UNM Business Center Albuquerque, NM 87131	85-6000642	501(c)(3)	51,923	0	cash		National Science Foundation sub- contract
ACTR ACCELS1776 Massachusetts Avenue NW Ste 700 Washington, DC 20036	52-1067356	501(c)(3)	4,323,094	0	cash		foreign language training

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CJ Quill and Associates Inc 5 Hilltop Court Annapolis,MD 21403	52-2144863		12,000	0	cash		National Science Foundation sub- contract	
Foundation for Community Service814 Yarrow Street Bryn Mawr,PA 19010	23-2844309	501(c)(3)	37,500	0	cash	О	Support of operations	

DLN: 93493071005264

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** 

**Compensation Information** 

► 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 BRYN MAWR COLLEGE

**Employer identification number** 

23-1352621

Pa	tt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	✓ Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses of			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direct					
	directors, trustees, and the CLO/Executive Direct	or, regard	and the items thetred in line 1a.	2	Yes	<b></b>
3	Indicate which, if any, of the following the filing orgonganization's CEO/Executive Director Check all used by a related organization to establish compen	that appl				
	▼ Compensation committee		Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	it?	4a		No
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section Appayments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,	paid or a	occured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	he rebutta	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

### Part III Supplemental Information

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

Also complete this part for any additional information							
Ident if ier	Return Reference	Explanation					
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Travel In certain circumstances, the College will pay travel expenses for the spouse or partner of an employee under the College's accountable plan, if the companion travel is authorized and for a business purpose directly benefitting the College First-class travel may be paid by the College for international flights. Housing As a condition of employment, the President is required to reside in College-owned housing which is used for business purposes and College-sponsored functions. A housing expense allowance and housekeeping services are provided. The estimated value of housing costs is excluded from taxable income but disclosed in Schedule J. The College made a payment with tax gross-up to the President which appears as other reportable income on Schedule J. Membership dues were paid for an athletic club and for a club in New York City used for business travel and meetings.					
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The compensation of officers and key employees is determined by an annual review of current independent salary surveys. The Executive Committee of the Board of Trustees approves the compensation of the President and gives final approval to compensation for all other officers and key employees based on the President's recommendations. The President of the College has an employment contract.					
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	The President participates in a nonqualified retirement plan, no payments were made to or received from the plan during the year					
SchJ_P01_S00_L07	Schedule J, Part I, Line 7	Certain individuals listed in Part II of this schedule received discretionary bonuses during the reporting period Other reportable compensation includes taxable payments for dependent tuition, health benefits, and retirement plan contributions					

Schedule J (Form 990) 2012

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form			
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation		(B)(ı)-(D)	990 or Form 990-EZ			
Darlyne Bailey	(I) (II)		0	6,633 0	18,894 0	8,356 0	221,276 0	0			
Jerry Berenson	(I) (II)		0	0	22,029 0	14,245 0	254,251 0	0			
Joseph Bucci	(I) (II)		0	0	13,974 0	6,907 0	160,625	0			
Kımberly E Cassıdy	(I) (II)		20,000	0	25,000 0	24,547 0	301,242	0			
Donna Frithsen	(I) (II)	1	0	0	25,000 0	9,564 0	290,914 0	0			
John Griffith	(I) (II)		10,000	0	25,000 0	31,888 0	310,944 0	0			
Laurie Koehler	(I) (II)		0	6,669 0	14,584 0	7,174 0	173,885 0	0			
Samuel B Magdovitz	(I) (II)		0	1,450 0	15,513 0	20,969 0	193,066	0			
Jane Dammen McAuliffe	(I) (II)		25,000 0	28,054 0	25,000 0	64,829 0	592,466 0	0			
Clark McCauley	(I) (II)		0	68,015 0	13,371 0	20,536 0	229,587	0			
Michele Rasmussen	(I) (II)	162,645 0	0	0	16,292 0	7,179 0	186,116 0	0			
Leslie Rescorla	(I) (II)		0	0	16,572 0	8,379 0	188,434 0	0			
Jennifer Rickard	(I) (II)		10,000	0	17,669 0	6,251 0	199,422	0			
Elliott Shore	(I) (II)	·	0	0	17,045 0	21,270 0	201,393	0			
Karen Tidmarsh	(I) (II)		0	0	17,070 0	12,556 0	194,675 0	0			
Maria Wiemken	(I) (II)		0	0	13,345 0	7,899 0	153,706 0	0			

DLN: 93493071005264 OMB No 1545-0047

Open to Public

Inspection

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 Part VI. ► See separate instructions.

► Attach to Form 990.

Internal Revenue Service Name of the organization BRYN MAWR COLLEGE

15

Part T Rond Tecues

Department of the Treasury

Employer identification number

23-1352621

Ľ	Paral Bond Issues											
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	<b>(g)</b> De	feased	(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PA Higher Education Facilities Authority Bryn Mawr College Series 2007	23-2243852	70917RKE4	05-22-2007	21,738,366	(1)Current refunding principal of Series 1997 (2)issuance costs (3)term 1997 swaption		X		Х		X
В	PA Higher Education Facilities Authority Bryn Mawr College Series 2010	23-2243852	70917RF75	05-26-2010	15,962,636	(1)Current refunding of outstanding Series 1999 bonds (2) issuance costs		×		Х		X
С	PA Higher Education Facilities Authority Bryn Mawr Series 2010A	23-2243852	70917RQ40	11-23-2010		(1)portion of principal and interest of Series 2002 (2) cost of issuance		X		Х		Х
D	PA Higher Education Facilities Authority	23-2243852	70917R3F0	02-01-2012		(1) current refunding portion of outstanding Series 2009 (2)		Х		Х		Х

	Bryn Mawr Series 2012		ıssı	uance costs						
Pai	TIII Proceeds									
			A	ı	3		С	[	D	
1	A mount of bonds retired		0		1,580,000		0		600,000	
2	A mount of bonds legally defeased		0		0		0		0	
3	Total proceeds of issue		21,738,366		15,962,636		32,264,417		29,184,825	
4	Gross proceeds in reserve funds		0		0		0		0	
5	Capitalized interest from proceeds		0		0		0		0	
6	Proceeds in refunding escrows		0		0		0		0	
7	Issuance costs from proceeds		286,476		302,627		348,739		313,035	
8	Credit enhancement from proceeds		197,806		0		0		0	
9	Working capital expenditures from proceeds		0		0		0		0	
10	Capital expenditures from proceeds		0		0		0		0	
11	O ther spent proceeds		0		15,660,009		31,915,678		28,871,790	
12	O ther unspent proceeds		0		0		0		0	
13	Year of substantial completion	20	2007 20			2010 2012			2012	
		Yes	No	Yes	No	Yes	No	Yes	No	

16	Has the final allocation of proceeds been made?	Х		Х		Х		Х	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х		Х	
Par	t IIII Private Business Use								
			Α		В		С	ļ	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		х		х		х		х
2	Are there any lease arrangements that may result in private business use of bond-								

financed property?

Were the bonds issued as part of a current refunding issue?

Were the bonds issued as part of an advance refunding issue?

Χ

Part Private Business Use (Continued) D В C Α Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% 0% 0% 0% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 0% 0% 0% 0% (c)(3) organization, or a state or local government Total of lines 4 and 5 6 0% 0% 0% 0% Does the bond issue meet the private security or payment test? 7 Х Х Х Χ Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Х Х Х Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified 9 bonds of the issue are remediated in accordance with the requirements under Х Χ Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С D Α Yes No Yes No No Yes Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ Х If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Χ Χ Exception to rebate? Х Х Χ Χ b No rebate due? c Χ Χ Χ Χ If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ Χ Χ into a qualified hedge with respect to the bond issue? UBS Investment Bank UBS Investment Bank Name of provider Term of hedge 175 195 C Was the hedge superintegrated? d Χ Χ Was a hedge terminated? Χ Χ

Par	t IV Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X	_	X
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7	Has the organization established written procedures to monitor the requirements of section 148?	х	-	X	_	X		х	_

#### Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α		В		С		D		
Yes	No	Yes	No	Yes	No	Yes	No	
х		х		х		х		

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).											
Identifier	Return Reference	Explanation									
SchK_P04_S00_L02c	, ,	Series 2007 Proceeds used for refunding-exception to rebate, Series 2010 Proceeds used for refunding- exception to rebate, Series 2010A Proceeds used for refunding-arbitrage rebate calculated 10/28/2011, Series 2012 Proceeds used for refunding-arbitrage rebate calculated 2/1/2012, Series 2012A Arbitrage rebate not due									

Schedule K (Form 990) 2012

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

DLN: 93493071005264

Open to Public

**Inspection** 

OMB No 1545-0047

Schedule K **Supplemental Information on Tax Exempt Bonds** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► See separate instructions.

► Attach to Form 990.

Internal Revenue Service Name of the omanization

Department of the Treasury

Employer identification number

	ne of the organization					Em	Employer identification number								
BKI	YN MAWR COLLEGE									23	-13526	21			
P	art I Bond Issues												,		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	<b>)</b> Descriptioi	n of purpose	<b>(g)</b> De	feased	beha	On alf of uer		Pool ncing
				'		$\longrightarrow$				Yes	No	Yes	No	Yes	No
A	PA Higher Education Facilities Authority	23-2243852	70917SCS0	11-29-2012	15,54	3,412	2002	urrently refund Series 2,(2)issuance costs,(3) tal expenditures			х		×		X
Pa	art III Proceeds														
						<u> </u>		В			С			D	
1_	A mount of bonds retired				<del> </del>		0								
		sed			<u> </u>										
3	Total proceeds of issue				15,543,412										
4	Gross proceeds in reserve fun				0										
5	Capitalized interest from proce						0								
6	Proceeds in refunding escrows						0								
7	Issuance costs from proceeds	5				223,0	059								
8	Credit enhancement from proc	ceeds					0								
9	Working capital expenditures f	from proceeds					0								
10	Capital expenditures from prod	ceeds				5,008,3	316								
11	Other spent proceeds						0								
12	Other unspent proceeds				†	2,607,0	025								
13	Year of substantial completion	n		•	20	14									
					Yes	No		Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	t of a current refund	ling issue?		Х										
15	Were the bonds issued as part	t of an advance refu	ındıng ıssue?			Х									
16	Has the final allocation of proc	ceeds been made?			Х										
17	Does the organization maintain allocation of proceeds?	n adequate books a	ınd records to supp	ort the final	×										
Pa	art IIII Private Business U	Jse													
					A			B		C		_		D	
i					Yes	No		Yes	No	Yes	N	No	Yes	- 1	No

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

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)		_							•
				A		В		c		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use be other than a section $501(c)(3)$ organization or a state or local government			0%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			0%		%		%		%
6	Total of lines 4 and 5			0%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		x							
Doo										
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No	Ye		No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?					<u> </u>				
a	Rebate not due yet?	×								
b	Exception to rebate?		X							
С	No rebate due?		X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									_
				•	•		· ·	-		

Part IV Arbitrage (Continued)

**Identifier** 

Return Reference

		A		В		C		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6	Were any gross proceeds invested beyond an available temporary period?		х							
7	Has the organization established written procedures to monitor the requirements of section 148?	X								
Pa	rt V Procedures To Undertake Corrective Action									
		А		В	1	С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х								
		•		•	•		•	•		
Pa	art VI Supplemental Information. Complete this part to pr	ovide addition	<u>ıal ınformatı</u>	on for respoi	nses to ques	tions on Sche	edule K (see	instructions)	١.	

Schedule K (Form 990) 2012

**Explanation** 

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DLN: 93493071005264

OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2012

Open to Public Inspection

Name of the organ BRYN MAWR COLLEGI								Em	ploye	r identii	fication	numbei	r
									-1352				
			,	•			501(c)(4) or	_				106	
					between di		25a or 25b, or (c) Descri					d) Corr	ected?
1 (a) Name o	/ uisquuii	incu pers	011 (B) RC		nd organizati		(c) Desem	ption o	i ciulis	action		res	No
2 Enter the am	ount of ta	x incurre	d by organiz	ation man	agers or dis	gualified pers	sons during the	veari	ınders	section			
4958							· · · ·			<b>&gt;</b> \$			
3 Enter the am	ount of ta	x, ıf any,	on line 2, ab	ove, reim	bursed by th	ie organizatio	on			<b>&gt;</b> \$			
Part III Loar	os to or	d/or E	rom Inter	ostad D	orconc								
						)-EZ, Part V,	line 38a, or Fo	rm 99	0,Par	t IV , lın	ie 26, o	r ıf the	
	ization re	ported a	n amount on	Form 990		5,6,or22			•	,			
(a) Name of			(c) Purpose	(d) Loa		(e)Origina			In	(h		(i)Wr	
ınterested person	With orga	anızatıon	of loan	organiza		principal amount	due	due defau		default? Approve by board		agreer	nentr
										commi	ittee?		
				То	From			Yes	No	Yes	No	Yes	No
											<u> </u>	_	
											-	_	
											1	_	
											1	_	
												_	
「otal				<b>▶</b> \$	•		_						
			ce Benefit										
							rt IV, line 27		<b>.</b>	(-)	D	6	
(a) Name of inte person	restea	` '	atıonshıp be ted person a		c) A mount o	of assistance	<b>(d)</b> Type o	rassis	tance	(e)	Purpos	e of ass	istance
<u>'</u>			organızatıon										
							_						
							_						

Part IV Business Transactions I						
Complete if the organization	<u>n answered "Yes" on I</u>	<del>Form 990, Part IV, lın</del>	e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	of ization'	
				Yes	No	
(1) Dennis McAuliffe	spouse-Pres Mcauliffe	113,141	employment-total compensation		Νo	

# Part V Supplemental Information

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

	Identifier	Return Reference	Explanation
	SchL_P04_S00_L00	,	Dennis McAuliffe's faculty appointment was an arm's length transaction Compensation was commensurate with that paid to
			other Bryn Mawr faculty with similar credentials and experience

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493071005264

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization BRYN MAWR COLLEGE

**Employer identification number** 

					23-1352621			
Pa	Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of c noncash contril	letermi		ts
1	Art—Works of art	Х	2	250,550	appraisal			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
5	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	47	1,000,425	faır market value			
0	Securities—Closely held stock .	•						
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic							
4	structures							
5	Real estate—Residential							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other ► ()							
5	O ther ►()							
7	O ther ▶()							
8	O ther <b>►</b> ()							
	Number of Forms 8283 received		=		29			0
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackno	owledgement [			V	
n-	During the year, did the organiza	ation receiv	a by contribution any prope	arty reported in Part I. lines	1-28 that it		Yes	No
va	must hold for at least three year							
	for exempt purposes for the enti			on, and winch is not require	a to be used			No
	····					30a		No
	If "Yes," describe the arrangem					24	Vaa	
1	Does the organization have a gi					31	Yes	
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not repor describe in Part II	t an amount	ın column (c) for a type of	property for which column (	a) ıs checked,			

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

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b	, ,	The College uses a broker to handle the receipt and sale of donated securities Sale proceeds, transaction statements, and monthly reports are sent to the College

Schedule M (Form 990) (2012)

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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.

2012
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Name of the organization BRYN MAWR COLLEGE	Employer identifi	cation number
	23-1352621	

ldentifier	Return Reference	Explanation
F990_P03_S00_L00a	Form 990, Part III (Cont 1)	The mission of Bryn Maw'r College is to provide a rigorous education and to encourage the pursuit of know ledge as preparation for life and work. Bryn Maw'r teaches and values critical, creative and independent habits of thought and expression in an undergraduate liberal arts curriculum for women and in coeducational graduate programs in arts and sciences and social work and social research. Since its founding in 1885, the College has maintained its character as a small residential community which fosters close working relationships between faculty and students. Our cooperative relationship with Haverford College enlarges the academic opportunities for students and their social community. Our active ties to Swarthmore College and the University of Pennsylvania, and the proximity of the city of Philadelphia further extend the opportunities available at Bryn Maw'r.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Review of Form 990 Form 990 was prepared internally and forwarded to an independent accounting firm for review. Form 990-T was prepared by the same independent accounting firm. Copies of the final drafts of Forms 990 and 990T are provided to the Audit Committee of the Board of Trustees before the forms are filed. The Audit Committee reviews the forms and related schedules, and each committee member affirms either that the forms are acceptable or that changes are needed. All committee members are informed of substantive changes made during this process and before the date of filing. After Audit Committee review, the entire board receives a copy of Forms 990 and 990T prior to filing.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest Bryn Mawr College has the following conflict of interest policies 1-Duality of interest applicable to trustees, including advisory members of the board of trustees, officers, and key employees, 2-Financial conflict applicable to members of the trustee investment committee, 3-Outside employment applicable to faculty and staff, 4-Acceptance of gifts applicable to faculty and staff, 5-Significant financial interest applicable to researchers and principal investigators. On an annual basis, trustees, officers, and directors complete a questionnaire to discover and report circumstances which may present a conflict of interest. The College monitors compliance with the trustee/officer conflict of interest policy by checking that the annual questionnaire is submitted by each person on a timely basis to College Counsel and by periodic reminders of the policy at full meetings of the Board of Trustees. The College's by-laws regarding Conflict of Interest state that any duality on the part of any Trustee shall be disclosed to the Board of Trustees, and made a matter of record through an annual procedure and also when the interest becomes a matter of Trustee action. Any Trustee having a duality of interest shall not vote or use her or his personal influence on the matter, and s/he shall not be counted in determining the quorum for the meeting. The minutes of the meeting shall reflect that a disclosure was made, the abstention from voting and the quorum situation. Any new Trustee will be advised of this policy upon entering the duties of her or his office.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Compensation policy The College has a formal process for determining compensation for the chief executive (President), other officers, and key employees Independent surveys are commissioned annually to update appropriate market data for each position. The President, with the approval of the Executive Committee of the Board of Trustees, determines the annual compensation for officers and key employees. The President's compensation is determined by the Executive Committee. Compensation decisions are documented and communicated to the Human Resources Office for action.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Pt VI, Section C, line19 (availability of policies) The College makes its governing documents and conflict of interest policy available upon request. The College posts its audited financial statements and Form 990 on the College's wiebsite. Form 990T is available upon request.

	ldentifier	Return Reference	Explanation
F9:	90_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Salary for Robert A Miller is for a partial year (hire date 11/30/2012)

ldentifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	Transfer of funds from Alumnae Association to the College

SCHEDULE R Related Ord

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

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Schedule R (Form 990) 2012

DLN: 93493071005264

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Name of the organization BRYN MAWR COLLEGE				<b>Employer</b> 23-13526		ation number		
Part I Identification of Disregarded Entities (Complet	e if the organization	answered "Yes" to	o Form 990, Par		,			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	<b>(e)</b> nd-of-year assets	Dir	<b>(f)</b> rect controlling entity		
Part II Identification of Related Tax-Exempt Organiza		the organization a	nswered "Yes" t	o Form 990, F	Part IV, I	lıne 34 because ı	t had oı	ne
or more related tax-exempt organizations during the  (a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	512(b)
							Yes	No

Cat No 50135Y

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

	tu us u pur		daring the	tax yearry								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				]			Yes	No	1	Yes	No	
											$\longmapsto$	
											$\longmapsto$	
								<del>                                     </del>			$\longmapsto$	
Part IV Identification of Related Organizations Taxable		ratio-	or Truct /	Complete of	ho organi	antion an	culoro	d "Va	s" to Form	000	Dart	T\/
<u> Relativa</u> Tuenuncation of Relateu Organizations l'axable (	as a curpo	ıauvN	vi ifust (	Complete II t	.iie Oiyailla	zauvii dii:	swere	:u ie	S LU FUIIII	フプU,	rail	ΙV,

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

(a) (b) (c) (d) (e) (f) (g) (h) (iii)

(a)  Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	Section (b)(1 contro	(i) Section 512 (b)(13) controlled	
		country)		' !	1			entıt	_	
			<u> </u>	<u> </u>			1	Yes	No	
(1) Remainder Trusts (33)	Charitable Trust		N/A	T	1			'		
c/o Bryn Mawr College 101 N Merion Avenue Bryn Mawr, PA 19010		PA								
(2) Chantable Remainder Unitrusts (20)	Charitable Trust		N/A	Τ						
c/o State Street Global Advisors One Lincoln Street Boston, MA 02111		PA								
(3) Income Trusts (15)	Charitable Trust		N/A	Т						
c/o Bryn Mawr College 101 N Merion Avenue Bryn Mawr, PA 19010		PA								
(4) Charitable Gift Annuity Fund	Charitable Trust		N/A	T						
c/o State Street Global Advisors One Lincoln Street Boston, MA 02111		PA				_				
(5) Chantable Pooled Income Fund	Charitable Trust		N/A	Т						
c/o State Street Global Advisors One Lincoln Street Boston, MA 02111		PA								
(6) Charitable Pooled Growth Fund	Charitable Trust		N/A	Т						
c/o State Street Global Advisors One Lincoln Street Boston, MA 02111		PA								

No	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
<b>1</b> Durii	ng the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?								
a R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
<b>b</b> G	ıft, grant, or capıtal contribution to related organization(s)				1b 1c		No				
c Gift, grant, or capital contribution from related organization(s)											
<b>d</b> Lo	,										
<b>e</b> Lo	pans or loan guarantees by related organization(s)				1e		No				
	vidends from related organization(s)				1f		No				
g S	ale of assets to related organization(s)				1g		No				
<b>h</b> P	urchase of assets from related organization(s)				1h		No				
i Ex	change of assets with related organization(s)				1i		No_				
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		No				
k Le	ease of facilities, equipment, or other assets from related organization(s)				1k		No				
I Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11		No				
<b>m</b> Pe	rformance of services or membership or fundraising solicitations by related organization(s)				1m		No				
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
<b>o</b> S	haring of paid employees with related organization(s)				10		No				
p R	eimbursement paid to related organization(s) for expenses				<b>1</b> p		No				
<b>q</b> R	eimbursement paid by related organization(s) for expenses				1q		No				
r O	ther transfer of cash or property to related organization(s)				1r		No				
<b>s</b> 0	ther transfer of cash or property from related organization(s)				1s		No				
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete	this line including co	overed relationships	and transaction thresholds							
	(a)	(b)	(c)	(d)							
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	volved					

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

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

Schedule R (Form 990) 2012

Page **5** 

# Part VII Supplemental Information

 Complete this part to provide additional information for responses to questions on Schedule R (see instructions)											
Identifier	Return Reference	Explanation									

# **TY 2012 Reasonable Cause Explanation**

Name: BRYN MAWR COLLEGE

**EIN:** 23-1352621

**Software ID:** 12000197

**Software Version:** v1.00

**Explanation:** six-month extension granted by IRS