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DLN: 93493087002347

Department of the Treasury Internal R

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

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

**Return of Organization Exempt From Income Tax** 

Inspection

		201 F. c	<u>'</u>	ng 06-01-201E and onding 05-21-20	316			
		pplicable	alendar year, or tax year beginni  C Name of organization	ng 06-01-2015 , and ending 05-31-20	716	D Empl	over i	dentification number
_	ddress c		BRYN MAWR COLLEGE			23-1	-	
_	ame cha	_	Doing business as				3320	,21
	ntial reti	urn	Doing Business as					
Fı return.	ınal /termına	ated		mail is not delivered to street address) Room/s	suite	E Telepi	none n	umber
_	nended		101 N Merion Avenue			(610	)52€	5-5000
ПАр	plication	n pending	City or town, state or province, col Bryn Mawr, PA 190102899	intry, and ZIP or foreign postal code				
						<b>G</b> Gross	receip	ots \$ 397,052,418
			F Name and address of princing Kimberly E Cassidy	pal officer	H(a)	Is this a grou	•	
			101 N Merion Avenue			subordinates No	?	Yes 🗸
▼ Ta	v-evem	npt status	Bryn Mawr, PA 190102899		Н(b)	Are all subord	linate	Yes No
<u> </u>	x-exem	ipt status	<sup>3</sup>	(insert no ) 4947(a)(1) or 527		Included?  If "No." attac	h a lis	st (see instructions)
J W	ebsite	e:► wv	vw brynmawr edu		H(c)	·		,
<b>K</b> For	m of org	ganızatıo	n 🗸 Corporation Trust Assoc	ation  Other ►	L Yea	ar of formation 1		<b>M</b> State of legal domicile Pa
Governance	T t th	riefly de he miss irough c	coeducational graduate programs	rovide a rigorous education through an	rk and so	cial research		
	2 (	-neck t	nis box >   If the organization of	liscontinued its operations or disposed	or more	than 25% of it	s net	assets
Activities &			_	ing body (Part VI, line 1a)			3	29
ME.			· -	of the governing body (Part VI, line 1b	•		4	29
= 2 2			• •	calendar year 2015 (Part V, line 2a)			5 6	2,389
4			,	necessary)			7a	2,016,400
				om Form 990-T, line 34			7b	2,010,400
				·		Prior Year		Current Year
	8	Cont	ributions and grants (Part VIII,		43,781	,589	26,539,053	
ĕ	9	Progr	ram service revenue (Part VIII,	line 2g)		96,988,728		101,067,000
Ravenue	10	Inves	stment income (Part VIII, colum	n (A ), lines 3, 4, and 7d )		83,626	,822	59,949,723
<u>~</u>	11	Othe	r revenue (Part VIII, column (A)	, lines 5, 6d, 8c, 9c, 10c, and 11e)		616	,976	565,109
	12	Total 12)	revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), lı	ne	225,014	,115	188,120,89
	13	Gran	ts and similar amounts paid (Par	t IX, column (A), lines 1-3)		39,641	,617	40,084,648
	14			IX, column (A), line 4)	<u> </u>		0	(
Expenses	15	Salar 5-10		ee benefits (Part IX, column (A), lines		66,585	,600	68,797,75
9	16a		- '	(, column (A), line 11e)	•	2	,300	141,87
짚	Ь		fundraising expenses (Part IX, column (					
	17			lines 11a-11d, 11f-24e)		51,531	•	53,232,269
	18 19		·	ust equal Part IX, column (A), line 25) 18 from line 12	<u> </u>	157,760 67,253		162,256,545 25,864,350
Ce S	13	Reve	nue less expenses Subtract line	10 110111111111111111111111111111111111		ning of Current		
sets	20	Total	assets (Part X. line 16)			1,166,185	.718	1,099,644,710
Net Assets or Fund Balances	21					164,194		159,640,569
ξĒ	22			t line 21 from line 20		1,001,990	,895	940,004,14:
	rt II		nature Block		•			
my k	nowled	dge and		amined this return, including accompa mplete Declaration of preparer (other				
		-	aature of officer			2017-03-27		
Sigr			nature of officer			Date		
Here	E		r Fazio Chief Financial Officer be or print name and title					
		<b>I</b>	Print/Type preparer's name	Preparer's signature	Date		PTII	N
Paid	d		· 			Check if self-employed		
	- pare	er ⊦	Firm's name			Fırm's EIN ▶		
	Onl		Firm's address ▶			Phone no		
		· _						

Par	t 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
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	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	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Pait II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		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), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Pait 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? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c 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 . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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Yes

Yes

Yes

Yes

Form 990 (2015)

Part V	Statements	Regarding	Other	IRS Filin	as and	Tax	Complianc
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_	
		effect if Schedule o contains a response of flote to any line in this	i ai c	<u> </u>	· · ·	Yes	No	
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	392		103	110	
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0				
		L ie organization comply with backup withholding rules for reportable payments to	vend	tors and reportable				
·		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes		
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and						
		tatements, filed for the calendar year ending with or within the year covered	2a	2,389				
<b>L</b>	•	s return			2b	Yes		
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103		
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes		
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes		
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority				
		a financial account in a foreign country (such as a bank account, securities acc	ount	, or other financial	4a			
		int)?			70	Yes		
Ь	If"Ye	s," enter the name of the foreign country CA, FR						
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts				
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
		s," to line 5a or 5b, did the organization file Form 8886-T?			5b		No	
Ü		5c						
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No	
_	-	ization solicit any contributions that were not tax deductible as charitable cont						
D		s," did the organization include with every solicitation an express statement th not tax deductible?	at su	cn contributions or gifts	<b>6</b> b			
7	Organ	izations that may receive deductible contributions under section 170(c).						
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No	
		es provided to the payor?						
		s," did the organization notify the donor of the value of the goods or services pi			7b			
C		le organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty 101	· · · · ·	<b>7</b> c		No	
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d					
_	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	arcon	al henefit contract?				
Č	Dia tii	ie organization receive any lands, uneerly of muneerly, to pay premiums on a p	CISON	ar benefit contract	7e		No	
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		No	
g		organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	<b>7</b> g			
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles		the organization file a	<i>'</i> 9			
"		1098-C?	•	· · · · · ·	7h			
8	-	oring organizations maintaining donor advised funds.						
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	sines	s holdings at any time				
٥-	_	,			8			
		ie sponsoring organization make any taxable distributions under section 49667			9a 9b			
10		le sponsoring organization make a distribution to a donor, donor advisor, or rela on <b>501(c)(7) organizations.</b> Enter	iteu p	erson,	90			
		tion fees and capital contributions included on Part VIII, line 12	1 <b>0</b> a					
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10a					
_	facılıtı	1 7						
11	Section	on 501(c)(12) organizations. Enter						
		income from members or shareholders	11a					
b		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b					
17-	_	·	, p. 1.	u of Form 10413	12-			
		on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 s," enter the amount of tax-exempt interest received or accrued during the	111 116	u 01 F01111 10417	12a			
,	year	5, since the univality of the exempt interest received of accrued during the	<b>12</b> b					
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b> o	ote. S	See the instructions for				
		onal information the organization must report on Schedule O		,	<b>13</b> a			
b		the amount of reserves the organization is required to maintain by the states	13b					
_		ch the organization is licensed to issue qualified health plans						
		L	<b>13c</b>	7	142		l No	
		le organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> :	•		14a 14b		No	
ע	11 16	5, has temed a rollin 720 to report these payments '11 No, provide di explandi	CIOIIII	, serieuare U	TAN			

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

Se	ection A. Governing Body and Management	<u> </u>	<u> </u>	🗸
	ector Al Governing Body and Hanagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax  1a	,		
	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 1b 29	)		
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
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?	, <b>7</b> b		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	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal i	<u>Reveni</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
<b>L4</b>	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16</b> b		
Se	ection C. Disclosure			
L7	List the States with which a copy of this Form 990 is required to be filed ► AK, CO, DC, MA, MD, MI, NH, NV SC, WA	, NY , (	он,ок	,OR,
8	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

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, address, and telephone number of the person who possesses the organization's books and records ► Elizabeth D Stewart - Controller Office of the Controller 101 N Merion Avenue Bryn Mawr, PA 190102899 (610) 526-5632

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	( <b>D</b> ) 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
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D</b> ) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Esti amoun compe fror	F) mated of other ensation the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	rel	ation and ated zations
See	Additional Data Table											
1b c	Sub-Total		ection A	· .			•					
d	Total (add lines 1b and 1c	•			•	•	•		3,154,027	0		584,919
2	Total number of individuals \$100,000 of reportable co							e) w	ho received more ti	han		
											Yes	No
3	Did the organization list ar on line 1a? <i>If "Yes," comple</i>	•					emplo • •	yee, •	or highest comper	nsated employee	3 Yes	

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

#### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Hunter Roberts Construction Grp LLC	Building Contractors	9,233,930
1717 Arch St Ste 3410		
Philadelphia, PA 19103		
The Sullivan Company	Building Contractors	2,646,231
2 LaGrange Ave POB 69		
Essington, PA 190290069		
Cambridge Associates LLC	Investment Consultants	1,555,520
100 Summer Street		
Boston, MA 021102112		
Delran Builders Co	Building Contractor	1,115,684
7909 Flourtown Ave		
Wyndmoor, PA 19038		
Payette Associates Inc	Architects	820,685
290 Congress St		
Fifth Fl		
Boston, MA 02210		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  28

Form 99								Page <b>9</b>
Part V	1111	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	ies <b>1b</b>	0				
ي ق	С	Fundraising eve	ents <b>1c</b>	0				
ifts, ar∆	d	Related organiz	zations 1d	0				
3, E	e	Government grant	s (contributions) <b>1e</b>	8,139,773				
ons Sii	f	All other contribution	ons, gifts, grants, and <b>1f</b>	18,399,284				
outi her	•	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	2,283,930				
Cor	h	Total. Add lines	s 1a-1f		26,539,057			
				Business Code				
E L	2a	Gross Tuition		611710	73,889,679	73,889,679	0	0
<u>\$</u>	Ь	Room and Board	_	721310	18,449,392	18,449,392	0	0
Program Service Revenue	С	Other Auxiliary Ser	vices	532000	4,670,915	2,471,181	2,199,734	0
	d	Public Service Fees	S	611710	1,811,939	1,811,939	0	0
E	е	Trı-College Prograi	_	611710	1,615,859	1,615,859	0	0
ogr	f	All other progra	am service revenue		629,222	629,222	0	0
<u>&amp;</u>	g	Total. Add lines	s 2a-2f		101,067,006			
	3		ome (including divident ar amounts)		41,101,684	0	-183,334	41,285,018
	4		stment of tax-exempt bond	<u> </u>	275,602	0	0	275,602
	5	Royalties	<u> </u>	•	11,872	0	0	11,872
			(ı) Real	(II) Personal				
	6a	Gross rents	61,486	0				
	ь	Less rental expenses	130,936	0				
	С	Rental income	-69,450	0				
	d	or (loss)  Net rental inco	me or (loss)		-69,450	0	0	-69,450
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	227,373,024	0				
	ь	Less cost or other basis and	208,800,587	0				
		sales expenses Gain or (loss)	18,572,437	0				
	c d		(SS)		18,572,437	0	0	18,572,437
e n	8a	•	rom fundraising		2-7			
Other Revenue		\$of contributions See Part IV , lir	os reported on line 1c) ne 18					
her	ь	Less direct ex	penses <b>b</b>					
ŏ	С		ا (loss) from fundraising)	events <b>&gt;</b>				
	9a		rom gaming activities ne 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	owances .	<b>•</b>				
	b c	-	oods sold b  (loss) from sales of inve	entory ►				
	<u> </u>	Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
			sales and services	900099	542,337	0	0	542,337
	Ь	Miscellaneous		900099	52,015	0	0	52,015
	C	Vending incom	<del></del>	900099	28,335	0	0	28,335
	d e	All other reven  Total. Add lines	ι					0
	12		See Instructions		622,687			
		.ocai levellue.	Sec 1113 d d Ctioll3	• • • •	188,120,895	98,867,272	2,016,400	60,698,166

### Part IX Statement of Functional Expenses

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

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,212,018	5,212,018		
2	Grants and other assistance to domestic individuals See Part IV, line 22	34,835,030	34,835,030		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	37,600	37,600		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,881,349	605,589	1,708,293	567,467
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	49,841,484	41,377,438	5,860,860	2,603,186
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	4,372,755	3,263,157	852,698	256,900
9	Other employee benefits	8,305,532	6,982,090	844,932	478,510
10	Payroll taxes				
		3,396,637	2,566,203	641,761	188,673
11	Fees for services (non-employees)				
a	Management	24.604	7.626	26.070	
b c	Legal	34,604 314,368	7,626	26,978 314,368	
d	Accounting	314,308		314,308	
e	Professional fundraising services See Part IV, line 17	141,871			141,871
f	Investment management fees	6,336,805		6,336,805	141,071
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	0,550,005		5,550,605	
,	amount, list line 11g expenses on Schedule O)	4,294,342	3,546,481	711,480	36,381
12	Advertising and promotion	288,394	224,142	64,050	202
13	Office expenses	9,867,920	8,293,604	1,346,153	228,163
14	Information technology	1,436,645	1,426,356	4,664	5,625
15	Royalties				
16	Occupancy	2,906,868	2,704,607	181,295	20,966
17	Travel	2,077,348	1,700,795	149,069	227,484
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,511,185	977,705	465,360	68,120
20	Interest	5,352,817	4,817,535	476,401	58,881
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,471,169	9,470,619	1,833,851	166,699
23	Insurance	711,675	565,826	130,107	15,742
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	Pooled Income Fund	537,645	0	537,645	
b	Bi-Co & Tri-Co Shared Programs	542,738	463,761	78,977	
С	Library Acquisitions	2,409,894	2,409,894	0	
d	Study Abroad Program	3,137,852	3,137,852	0	
е	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	162,256,545	134,625,928	22,565,747	5,064,870
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)				

Form 990	(2015)			Page <b>11</b>
Part >				
	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	•	(B) End of year
	Cash-non-interest-bearing	0	1	0
:	Savings and temporary cash investments	42,831,093	2	43,696,367
:	Pledges and grants receivable, net	10,482,328	3	10,125,254
	Accounts receivable, net	2,858,042	4	3,278,036
!	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
Assets	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
. S	Notes and leans resemble not			3,304,926
	•	3,090,165	7	3,304,926
1			8	
!!	and the same and t	2,052,292	9	2,375,298
10	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 362,462,548			
	b Less accumulated depreciation 10b 167,543,731	195,937,957	<b>10</b> c	194,918,817
11	Investments—publicly traded securities	66,429,801	11	37,742,497
12	Investments—other securities See Part IV, line 11	837,894,231	12	799,443,703
13	Investments—program-related See Part IV, line 11	0	13	0
14	Intangible assets	0	14	0
15	Other assets See Part IV, line 11	4,609,809	15	4,759,812
16	Total assets.Add lines 1 through 15 (must equal line 34)	1,166,185,718	16	1,099,644,710
17	Accounts payable and accrued expenses	10,587,578	17	10,070,618
18	Grants payable	1,578,542	18	1,656,082
19	Deferred revenue	4,980,860	19	4,580,139
20	Tax-exempt bond liabilities	136,725,013	20	133,663,285
2:	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
lities 22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabilit	persons Complete Part II of Schedule L	0	22	0
	. ,	0	23	0
24	• •	0	24	0
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D			
		10,322,830	25	9,670,445
26	,	164,194,823	26	159,640,569
Se	Organizations that follow SFAS 117 (ASC 958), check here ▶			
		481,756,848	27	452,256,633
E 28		268,277,711	28	231,227,779
田   15 マ   29	' '	251,956,336	29	256,519,729
표	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
20 20	· · · · · · · · · · · · · · · · · · ·		30	
Assets 33			31	
Š 32			32	
33 33		1,001,990,895	33	940,004,141
<b>Z</b>				

1,099,644,710 Form **990** (2015)

1,166,185,718

Total liabilities and net assets/fund balances . . . .

34

188,120,895

162,256,545

25,864,350

1,001,990,895

-87,851,104

940,004,141

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

# **Reconcilliation of Net Assets**

Check if Schedule C	) contains	a respo

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities . Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . .

1 Accounting method used to prepare the Form 990

Cash 🗸 Accrual Cother If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant?

basis, consolidated basis, or both

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Schedule O

Single Audit Act and OMB Circular A-133?

Consolidated basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Both consolidated and separate basis

1

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2b

2c

3a

3b

2a

**Software ID:** 15000352

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

Compensated Employees, and Inde	pendent Co	ntrac	tors	J, 1	. u5	rees	, K	ey Employees	, mgnest	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	offic ustee	ess er :)	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Ann Logan Chair Board of Trustees	3	x		x				0	0	(
Cathenne Allegra Trustee	2	×						0	0	(
Cynthia Archer Vice Chair Board of Trustees	3	x		х				0	0	(
Edith Aviles de Kostes Trustee	2	х						0	0	(
Susan Kelly Barnes Vice Chair Board of Trustees (termed 5/2/2016)	3	×		х				0	0	C
Sandy Baum Trustee	2	×						0	0	C
Stephanie L Brown Trustee	2	×						0	0	C
Mary L Clark Trustee	2	×						0	0	(
Cecilia A Conrad Trustee	2	x						0	0	(
Susan Jin Davis Trustee	2	×						0	0	C

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

compensated Employees, and inde	penaent co.	1		-				1	1	1
(A) Name and Title	(B) Average hours per week (list any hours for related	unles	nore tl ss pe	than erso icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee individual trustee or director		Former	MISC)	MISC)	organization and related organizations			
Cheryl R Holland Vice Chair Board of Trustees		x		x				0	0	0
John E Hull Trustee		x						0	0	0
Denise Lee Hurley Vice Chair Board of Trustees		x		x				0	0	C
Justine Jentes Secretary Board of Trustees		x		x				0	0	C
Eileen P Kavanagh Trustee (President of the Alumnae Association)	2	x						0	0	C
Amy T Loftus Vice Chair Board of Trustees		x		×				0	0	(
1 ————————————————————————————————————		$\overline{}$								

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Ana Maria Lopez

Susan MacLaurin

Patrick T McCarthy

Vice Chair Board of Trustees

Trustee

Trustee Patricia Mooney Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	S			-			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	m unles	ore t ss pe	han erso cer tor/i	not one n is and trus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			
Margaret M Morrow Vice Chair Board of Trustees	3	×		×				0	0	0
Randolph M Nelson Trustee (termed 5/2/2016)	2	x						0	0	0
Cara Petonic Trustee	2	×						0	0	0
Georgette Chapman Phillips Trustee	2	×						0	0	0
Margaret Sarkela Trustee	2	×						0	0	0
Jessica Schwartz Trustee	2	×						0	0	0
Beth Springer	2	х						0	0	0

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Trustee

Trustee Caroline C Willis

Trustee

Janet L Steinmayer

Vice Chair Board of Trustees

Elizabeth Vogel Warren

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

(E)

32,137

31,893

(A) Name and Title	A verage hours per week (list any hours for related	Position (do more than unless persoi officer a director/t			not one n is and	box, both a tee)		Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Nanar Tabrızı Yoseloff Trustee	2	×						0	0	,
Irving B Yoskowitz Trustee (termed 5/2/2016)	2	×						0	0	
Jerry Berenson Chief Administrative Officer	40			×				245,514	0	36,77
Kımberly E Cassidy President of the College	40			×				466,935	0	129,18
Karı Fazıo Treasurer and Chief Financial Officer	40			×				239,885	0	34,23
Ruth Lindeborg Secretary of the College	40			×				145,711	0	57,60
Samuel B Magdovitz College Counsel	40			×				173,893	0	17,57
Mary Osırım Provost	40			×				210,554	0	53,42

Χ

236,981

178,775

Robert A Miller

Chief Development Officer
Pelema Imhotep Morrice

Chief Enrollment Officer

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

28,480

36,856

27,513

13,138

Compensated Employees, and Inde					Tus	ice.	J, I			
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest compensated individual trustee  Or director		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
Gina Siesing Chief Information Offcr and Dir of Libraries	40				x			177,778	0	27,321
Darlyne Bailey Dean of Grad School Social Work	40					x		221,761	0	41,520
Sharon Burgmayer	40			П	П	х		199,326	0	17,256

40

40

40

0

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180,660

184,551

177,391

114,312

Dean of Grad Studies and Professor

Deepak Kumar

Clark R McCauley Jr

Jane Dammen McAuliffe

Former President of the College

Professor

Professor

Professor

Leslie Rescorla

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

SCHEDULE A

Internal Revenue Service Name of the organization

BRYN MAWR COLLEGE

✓

(Form 990 or

990EZ)

Part I

2

3

Treasury

Department of the

As Filed Data -

DLN: 93493087002347 OMB No 1545-0047

Open to Public

Inspection

#### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

23-1352621

**Employer identification number** 

Schedule A (Form 990 or 990-EZ) 2015

5	Г	An organization opera 170(b)(1)(A)(iv). (Co			iversity owned	or operated by	a governmental unit d	escribed in <b>section</b>				
6		A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(	1)(A)(v).					
7 8	<u></u>	An organization that n described in <b>section 1</b> A community trust des	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)	-	ental unit or from the g	eneral public				
9	F	An organization that r	normally receives related to it income and i	ves (1) more than 33 s exempt functions—s unrelated business tax	1/3% of its sup ubject to certa xable income (l	port from cont in exceptions, ess section 5:	ributions, membership and (2) no more than 1 11 tax) from businesse	331/3% of its support				
10	Г	An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See <b>sectio</b>	on 509(a)(4).					
11	i	one or more publicly s the box in lines 11a th	upported orga nrough 11d tha	nizations described in at describes the type o	section 509(a of supporting or	)(1) or section ganization and	nctions of, or to carry o i 509(a)(2) See <b>sectio</b> d complete lines 11e, 1	<b>n 509(a)(3).</b> Check 1f, and 11g				
а		<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b	Г	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.										
c			integrated. A s	supporting organizatio			n, and functionally integ <b>), and E.</b>	grated with, its				
d	Г		ated The orga	ınızatıon generally mu:	st satisfy a dist	tribution requi	with its supported org rement and an attentive					
e							is a Type I, Type II, T	ype III functionally				
f	F-4-	integrated, or Type III										
g	Ente	r the number of support Provide the following i					· · · · · · · · ·					
Nan	ne of s	(i) (ii)EIN (iii) (iv) (vi)  Type of organization organization (described on lines 1-9 above (see instructions))  (iii) (iv) (vi) A mount of monetary support (see instructions) instructions)										
					Yes	No						
Tota	ı											
For P	aperv	vork Reduction Act Noti	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 112						

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> 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						
	(f)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar 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						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	•
13	First five years.If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

Part III 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			-
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

#### DLN: 93493087002347

Employer identification number

23-1352621

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

BRYN MAWR COLLÉGE

2

## **Political Campaign and Lobbying Activities**

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 <b>&gt;</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to c	ther organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (I For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's fi to a separate political organ	unds Also enter the nızatıon, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 99	0-EZ.	Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (	, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .	file	ed Form 5768	(election
١.	Check	<b>&gt;</b>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
Lobbying Expe	nditures During	4-Year Avera	ging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total			
Lobbying nontaxable amount								
Lobbying ceiling amount (150% of line 2a, column(e))								
Total lobbying expenditures								
Grassroots nontaxable amount								
Grassroots ceiling amount (150% of line 2d, column (e))								
Grassroots lobbying expenditures								
	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in)  (a) 2012 (b) 2013 (c) 2014 (d) 2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))			

Schedule C, Part II-B, Line 1

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has I filed Form 5768 (election under section 501(h)).	тои			
or o	each "Yes" response on lines 1a through 1: below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
ctiv		V	No	A mou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local	Yes			
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes			15,987
j	Total Add lines 1c through 1i				15,987
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				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	)(5), o	r sectio	on
			_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section !				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " line 3, is answered "Yes."	No" C	)K (D)	Part III	L-A,
1	Dues, assessments and similar amounts from members	1			
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			
	art IV Supplemental Information				
	ovide the descriptions required for Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated grou see instructions), and Part Il-B, line 1 Also, complete this part for any additional information	ıp lıst),	, Part II	-A , lines	1 and
	Return Reference Explanation				

Bryn Mawr College maintains professional memberships Part of the mission of each of these membership organizations is to represent the interests and viewpoints of higher education to the national and state legislatures Accordingly, a portion of the dues paid to these membership

organizations is reported here as it may be attributable to lobbying activities

SCHEDULE D Sur

# **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990"><u>www.irs.gov/form990</u></a>.

OMB No 1545-0047

DLN: 93493087002347

Open to Public Inspection

Department of the Treasury Internal Revenue Ser

(Form 990)

la	me of the organization (N MAWR COLLEGE					Em	ploy	er identificat	ion nu	nber	
11	W PAWN COLLEGE					23	-13	52621			
è	Organizations Maintaining Donor Complete if the organization answer					Funds			i		
	Complete if the organization unswer	(a) Donor advised fu			are iv, into o.		h)Fi	ınds and othe	raccoi	ınts	
	Total number at end of year	(a) Bollot advised to	11100				<i>)</i>	mas and othe	raccoc	inco	
	Aggregate value of contributions to (during year)										
	Aggregate value of grants from (during year)										
	Aggregate value at end of year										
	Did the organization inform all donors and donor funds are the organization's property, subject to	_				onor adv	/ıs e	d	┌ Yes	<b>s</b> Г	_ No
	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or	dor	nor	r advisor, or for	any oth	erp		┌ Yes		_ No
a	rt II Conservation Easements. Comple					' on For	m	990, Part IV	, line	7	
	Purpose(s) of conservation easements held by th	3 (	all	tha	at apply)						
	Preservation of land for public use (e g , recreducation)	reation or	Г	- ,	Preservation of	f an histo	oric	ally important	t land a	rea	
	Protection of natural habitat		Ė		Preservation of						
	Preservation of open space										
	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified consei	vat	zior	n contribution i	n the for	m o	fa conservat	ion		
								Held at the	End of	the Y	ear
а	Total number of conservation easements					2a					
b	Total acreage restricted by conservation easeme	ents				2b	4				
С	Number of conservation easements on a certified				• •	2c	4				
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17,	06,	, ar	nd not on a	2d					
	Number of conservation easements modified, tra	nsferred, released, ext	ingi	uıs	shed, or termina	ated by t	he o	organization o	lurıng t	he	
	tax year <b>▶</b>										
	Number of states where property subject to cons	ervation easement is l	oca	ate	ed ▶						
	Does the organization have a written policy regain violations, and enforcement of the conservation of		torı	ıng	g, inspection, ha	andling o	of	ΓYe	es [	_ No	
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling o	fvic	olat	itions, and enfo	rcıng co	nse	rvation easen	nents d	uring t	the
	<b>&gt;</b>										
	A mount of expenses incurred in monitoring, inspenses \$	ecting, handling of viol	atıo	ons	s, and enforcing	conser	vatı	on easements	durıng	the y	ear
	Does each conservation easement reported on Ii (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy t	he i	red	quirements of s	ection 1	70(	[h)(4)	es F	_ No	
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the						statement, a	nd .		
:	t III Organizations Maintaining Collection						the	r Similar <i>F</i>	ssets	5.	
_	Complete if the organization answer  If the organization elected, as permitted under S						ate	ment and hals	nce ch	eet	
1	works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	r assets held for public	ext	hıb	bition, educatio	n, or res	ear	ch in furtherai			
	If the organization elected as permitted under S	EAC 116 (ACC 059) +	o re	enc	ort in its reveni	ia statar	man	t and halance	chaat		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

a Revenue included on Form 990, Part VIII, line 1

**▶**\$\_\_\_\_\_0

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining	Collections of	Art, H	istoric	al Tre	easures, or (	Other Similar A	ssets
3		g the organization's acquisition, acception items (check all that apply)	ession, and other re	ecords,	check ar	y of th	e following that	are a significant use	e of its
а	~	Public exhibition		d	<b>✓</b>	Loan c	or exchange pro	grams	
b	<b>~</b>	Scholarly research		е	Г	Other			
c	<b>✓</b>	Preservation for future generations							
4	Prov Part	ide a description of the organization	's collections and e	xplaın h	ow they	further	the organization	n's exempt purpose	ın
5		ng the year, did the organization sol ets to be sold to raise funds rather tl							s √ No
Pa	rt IV							<u>'</u>	
		Complete if the organization Part X, line 21.	answered "Yes" o	n Form	າ 990, F	art IV	/, line 9, or re	ported an amoun	t on Form 990,
<b>1</b> a		e organization an agent, trustee, cu ided on Form 990, Part X?	stodian or other inte	ermediai	ry for co	ntrıbutı	ions or other as:	sets not <b>Yes</b>	s
b	If	"Yes," explain the arrangement in F	art XIII and comple	ete the f	ollowing	table		A me	ount
C	Вє	eginning balance					10		
d	Αd	dditions during the year					1d		
е	Dı	stributions during the year					1e		
f	Er	nding balance					1f		
<b>2</b> a	Did t	the organization include an amount of	on Form 990, Part X	, lıne 21	, for esc	row or	custodial accou	int liability? <b>Yes</b>	s
b Pa	If"Y <b>rt V</b>	es," explain the arrangement in Par Endowment Funds. Comple							
			(a)Current year		or year		Two years back	(d)Three years back	(e)Four years back
<b>1</b> a	Begi	nning of year balance	904,324,032	1	876,633,1	18	748,392,452	675,444,705	714,364,182
b	Cont	tributions	8,506,165		33,397,9	36	57,961,218	16,917,633	11,107,169
c	Net loss	investment earnings, gains, and	-27,724,711		40,057,2	31	116,231,315	97,305,016	-11,271,222
d		nts or scholarships	7,181,738		6,892,9	55	6,581,644	6,095,530	5,617,321
e		er expenditures for facilities programs	34,349,919		32,269,3	30	32,493,020	29,093,145	27,804,444
f	A dm	inistrative expenses	6,387,630		6,601,9	38	6,877,173	6,086,227	5,333,659
g		of year balance	837,186,199		904,324,0	32	876,633,148	748,392,452	675,444,705
2	Prov	ide the estimated percentage of the	current year end ba	ılance (I	ıne 1g, d	olumn	(a)) held as		
а	Boar	d designated or quasi-endowment 🕨	433%						
b	Perm	nanent endowment ► 30 7 %							
c		porarily restricted endowment ► percentages on lines 2a, 2b, and 2c	26 % should equal 100%						
За		there endowment funds not in the po nization by	ssession of the orga	anızatıo	n that ar	e held	and administere	d for the	Yes No
	_	nrelated organizations						3a	(i) No
		elated organizations						3a	(ii) No
ь 4		es" on 3a(II), are the related organi cribe in Part XIII the intended uses						3	b
Pa	rt VI								
		Complete if the organization  Description of property	answered 'Yes' to	Form	990, Pa (a)	rt IV,	line 11a.See	Form 990, Part X Accumulated	, line 10. (d)Book value
		Description of property		С	ost or oth Investm		Cost or other bas		(d)book value
1a	Land					0	6,704,0	20	6,704,020
b	Buildii	ngs				_	205.042.0	141 300 510	154 153 101
•		hold improvements		$\vdash$		0	· ' '	141,789,549 0 0	<del>                                     </del>
		ment		∴ ⊢		0		1	<u> </u>
	Other						1,111,11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,.

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

194,918,817

Part VII Investments—Other Securities. C See Form 990, Part X, line 12.	Complete if the organ	nization answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or catego (including name of security)	ry	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests (3)O ther		66.245.020	F
(A) Domestic equities		66,345,030	F
(B) International equities		173,814,330	F
(C) Domestic fixed income		60,527,167	F
(D) Real Assets (E) Private Equity		108,559,063	F
			F
(F) Hedge Funds (G) Trusts		201,916,977	F
(O) Trusts		22,400,020	1
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	799,443,703	
Part VIII Investments—Program Related.			
Complete if the organization answer  (a) Description of investment	ed Yes on Form 990	(b) Book value	e Form 990, Part X, line 13.  (c) Method of valuation  Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organiza		Form 990, Part IV, line 1:	
(a) Des	scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) lin			
<b>Other Liabilities.</b> Complete if the oil See Form 990, Part X, line 25.			art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
Annuity Obligation	7,095,5	547	
Asset Retirement Obligation	2,542,0	017	
Agency Funds	32,8	381	
Total (Column (h) must open Form 200 Park V v (A) (v C)	<b>▶</b> 9,670,4	145	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) <b>2.</b> Liability for uncertain tax positions In Part XIII, pro	vide the text of the foot	note to the organization's	financial statements that reports the
organization's liability for uncertain tax positions under XIII 🔽	FIN 48 (ASC 740) Ch	eck here if the text of the	footnote has been provided in Part

Schedule D (Form 990) 2015

1 2

а

b c

d

е

а

b

3

60,200,973

-94,776,379

154,977,352

40,199,752

162,256,545

1

2e

3

-87,851,105

-6,925,274

6,925,274

33,274,478

4c

5

A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Other (Describe in Part XIII )		
Add lines <b>4a</b> and <b>4b</b>	4c	33,143,54
Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	188,120,89
Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
Total expenses and losses per audited financial statements	1	122,187,72
A mounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a 0		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII )		
Add lines <b>2a</b> through <b>2d</b>	2e	130,93
Subtract line <b>2e</b> from line <b>1</b>	3	122,056,79
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 Other (Describe in Part XIII)	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0 Other (Describe in Part XIII)

2a

2b

**2**c

2d

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . .

Other (Describe in Part XIII ) . . . . . .

Net unrealized gains (losses) on investments .

Recoveries of prior year grants . . .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Donated services and use of facilities . . . .

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

Add lines 4a and 4b .

information Return Reference Explanation

The College's art and artifact collections number more than 50,000 objects. These collections Schedule D, Part III, Line 4 encompass five areas fine art and music, archaeology, anthropology, decorative arts, and geology The collections enhance the education mission of Bryn Mawr College and serve as a resource for diverse academic departments, including History of Art, Classics, Anthropology, Fine Arts, Growth

and Structure of Cities, Geology, History, and Languages Each year hundreds of objects from the collections are utilized for research by faculty, students, and outside scholars. In addition objects are regularly loaned to regional, national and international museum exhibitions Schedule D (Form 990) 2015 **SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the

Treasury Internal Revenue

Service

OMB No 1545-0047

2015

Open to Public Inspection

# **Schools**

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

Part IV, line 13, or Form 990-EZ, Part VI, line 4

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **Employer identification number** BRYN MAWR COLLEGE 23-1352621 Part I YES NO 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? Yes 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? Yes 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 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

Page 2

Schedule E (Form 990 or 990-EZ) (2015)

Schedule E (Form 990 or 990EZ) (2015)

efile GRAPHIC pr	int - DO NO1	PROCESS	As Filed Da	ta -		DLN:	93493087002347
SCHEDULE F (Form 990)	Justine of Activities Outside the Office States				ates	OMB No 1545-0047	
Department of the Treasury	▶ Informati		Part IV, line ► Attach t	n answered "Yes" to For 14b, 15, or 16. o Form 990. Ind its instructions is at		ov/form990.	2015 Open to Public
Internal Revenue Service Name of the organization	l on					Employer ident	Inspection
BRYN MAWR COLLEGI						23-1352621	
				he United States. orm 990, Part IV, lin	l e 14b.	23-1332021	
1 For grantmake	rs. Does the stance, the gra	organızatıon n antees' elıgıbıl	naıntaın record	s to substantiate the	amount	-	
2 For grantmake assistance outs	rs. Describe inde the Unite	n Part V the or d States		rocedures for monitouplicated if additional s		_	<b>√ Yes   No</b> ts and other
(a) Region	1	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, gran to recipients located in the	program spi servi	vity listed in (d) is a n service, describe ecific type of ice(s) in region	<b>(f)</b> Total expenditures for and investments in region
See Add'l Data			region	region)			
3a Sub-total b Total from contint to Part I c Totals (add lines		0	0				181,998,417
For Paperwork Reduction	Act Notice, see	the Instructions	for Form 990.	Ca	No 500	82W Sched	ule F (Form 990) 2015

				,

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

Schedule F (Form 990) 2015

(h) Dagion	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(g) Description	(h) Method of
(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
the Carıbbean	1			0		Cash basıs
Pacific	2			0		Cash basis
Middle East and North Africa	1			0		Cash basis
Sub-Saharan Africa	1	30,000	Check	0		Cash basis
	Central America and the Caribbean East Asia and the Pacific Middle East and North Africa	Central America and the Caribbean  East Asia and the Pacific  Middle East and North Africa	Central America and the Caribbean 2 4,950 Pacific Middle East and North Africa cash grant 2,400	Central America and the Caribbean 2 4,950 Check Pacific Middle East and North Africa cash grant disbursement disbursement 2 4,950 Check Ch	Central America and the Pacific Middle East and North Africa Cash grant Cash grant disbursement non-cash assistance 0  1 2,400 Check 0  Check 0	recipients cash grant disbursement non-cash assistance  Central America and the Caribbean  East Asia and the Pacific  Middle East and North Africa  recipients cash grant disbursement non-cash assistance  Otheck  Otheck

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

▼ Yes 

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the

organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships
(see Instructions for Form 8865)

✓ Yes No

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, do not file with Form 990)

✓ Yes No

Νo

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).

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	Bryn Maw r College students must submit an application to participate in the Study Abroad P rogram. The program office maintains a list of foreign institutions which meet the academi c requirements of the College. A committee review's 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 fellow ships to pur sue research overseas are monitored by advisors through reports and measurement of academic progress.

### **Additional Data**

**Software ID:** 15000352

**Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

Development

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	Curriculum Development	42,092
Central America and the Caribbean	0	0	Program Services	Fellowships	2,400
Central America and the Caribbean	0	0	Program Services	Research and Professional	1,259

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Central America and the Program Services Student Recruitment 1,021 Caribbean Central America and the Program Services Study Abroad 11.875 Caribbean

Fellowships

4,950

East Asia and the Pacific

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region)

Study Abroad

150,391

East Asia and the Pacific	0	0	Program Services	Research and	47,734
	· ·			Professional	
				Development	
East Asia and the Pacific	0	0	Program Services	Student Recruitment	7,447

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

East Asia and the Pacific

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, (s) in region grants to recipients located in the region)

Europe (including Iceland and Greenland)	0	0	Fundraising	Fundraising	5,005
Europe (including Iceland	n	0	Program Services	Curriculum Development	154,400

Research and

Professional Development 154.334

and Greenland)

Europe (including Iceland

and Greenland)

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

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) ,432,917 102,700

School

Fellowships

250

Europe (including Iceland and Greenland)	0	0	Program Services	Study Abroad	1,4
Europe (including Iceland	n	0	Program Services	Summer Language	1

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

and Greenland)

Africa

Middle East and North

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Middle East and North Program Services Research and 51,229 3,668

Fundraising

Fundraising

1,648

A frica				Professional Development	
Middle East and North	0	0	Program Services	Student Recruitment	

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

North America (including

Canada and Mexico, but not the United States)

Form 990 Schedule F Part I - Activities Outside The United States (b) Number of (c) Number of (e) If activity listed in (a) Region (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) North America (including Program Services Program Events 1,252 Canada and Mexico, but not the United States) North America (including Program Services Research and 12,429 Canada and Mexico, but not Professional the United States) Development Curriculum Development Russia and the newly Program Services 9,404

independent States

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region)

Russia and the newly independent States	0	0	Program Services	Research and Professional	242
				Development	
Russia and the newly	0	0	Program Services	Study Abroad	77,300

Curriculum Development

9,475

Independent States				Professional	
				Development	
Russia and the newly	0	0	Program Services	Study Abroad	

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

independent States South America

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region)

Study Abroad

253,537

South America	0	0	Program Services	Research and	9,250
				Professional	
				Development	
South America	n	0	Program Services	Student Recruitment	1,139

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

0

South America

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) South Asia Program Services Student Recruitment 3,685 Sub-Saharan Africa Program Services Curriculum Development 1.411

Fellowships

30,000

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

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services, grants to recipients (s) in region located in the region) 4,935

Investments

18,000

167,356,353

Sub-Saharan Africa	0	0		Research and Professional Development	
Sub-Saharan Africa	0	0	Program Services	Study Abroad	

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

Central America and the

Carıbbean

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region

Investments

9,741,364

2.293.321

			located in the region)	
Europe (including Iceland and Greenland)	0	0	Investments	

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

North America (including

the United States)

Canada and Mexico, but not

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493087002347

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization BRYN MAWR COLLEGE

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** 

					23-1352621	-
_	•		_		on Form 990, Part IV	, line 17.
Indicate whether the orga	nızatıon raısed funds	through	any of the	e following activities C	heck all that apply	
✓ Mail solicitations			•	Solicitation of n	on-government grants	
✓ Internet and email so	licitations		f	f <b>√</b> Solicitation of g	overnment grants	
	is					
or key employees listed ir						es No
				sers) pursuant to agree	ments under which the f	undraiser is
ındıvıdual	(ii) Activity	fundrais custo cont	ser have ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
ommunications Inc 30 S Broad St te 200	Consulting and planning for capital campaign	Yes	No No	0	141,871	-141,87
	Form 990-EZ file Indicate whether the orga  Indicate whether the organization have or key employees listed in services?  If "Yes," list the ten high to be compensated at lead	Form 990-EZ filers are not required indicate whether the organization raised funds and a solicitations.  Internet and email solicitations.  Internet and email solicitations.  In-person solicitations.  In-person solicitations.  Indicate whether the organizations.  Internet and email solicitations.  Internet and email solicitations	Form 990-EZ filers are not required to continuity fundraises of individual or entity (fundraiser)  Form 990-EZ filers are not required to continuity for entity (fundraiser)  Form 990-EZ filers are not required to continuity fundraises of communications Inc. 30 S Broad St (ii) A ctivity (iii) are not compared to compare the comparison of the companion of the com	Form 990-EZ filers are not required to complete the Indicate whether the organization raised funds through any of the Indicate whether the organization raised funds through any of the Indicate whether the organizations Indicated and Indicate whether the organizations Indicated Information Indicated Indicated Information Indicated Indicate	Form 990-EZ filers are not required to complete this part.  Indicate whether the organization raised funds through any of the following activities C    Mail solicitations	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV Form 990-EZ filers are not required to complete this part.  Indicate whether the organization raised funds through any of the following activities. Check all that apply     Mail solicitations

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

AK, CO, DC, MA, MD, MI, NH, NV, NY, OH, OK, OR, SC, WA

Total

141,871

-141,871

0

Pa	rt II Fundraising Events.  Complete if the organization fundraising event contribution resources are then #5,000	ns and gross income	Form 990, Part IV, line on Form 990-EZ, line	18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
	receipts greater than \$5,000	. <b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie					
Seve	1 Gross receipts				
_	2 Less Contributions				
	Gross income (line 1 minus				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	<b>7</b> Food and beverages				
	8 Entertainment				
Direct	<b>9</b> Other direct expenses				
ā	10 Direct expense summary Add lines 4	through 9 in column (d	d)		
	11 Net income summary Subtract line 1	0 from line 3, column (	d)		
Pal	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
ses	2 Cash prizes				
Expens	3 Noncash prizes				
	4 Rent/facility costs				
Direct	5 Other direct expenses				
	other unect expenses	<b>┌── Yes</b> %	├ Yes%		
	6 Volunteer labor	☐ No	│ No	☐ No	
	7 Direct expense summary Add lines 2	2 through 5 ın column (	d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, co	lumn (d)		
9	Enter the state(s) in which the organizat				Yes No
a b	Is the organization licensed to conduct  If "No," explain	-			165   110
10a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
Ь	· · · —				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493087002347 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number **BRYN MAWR COLLEGE** 23-1352621 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

governing sub-awards made by and to not-for-profit entities

Bryn Mawr College has several sub-recipients of government funds. The College complies with the provisions in Uniform Guidance and any statutes.

Schedule I, Part I, Line 2

## Additional Data

Smithsonian Institute

Ste 410 MCRC973

PO Box 37012 Victor Bldg

Washington, DC 200137012

53-0206027

Software ID: 15000352
Software Version: v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance
or government				assistance	other)	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ACTR ACCELS 1776 Massachuetts Avenue NW Ste 700 Washington, DC 20036	52-1067356	501(c)(3)	4,909,105	0	cash	l .	Foreign language training
Franklin W Olin College 1000 Olin Way Needham, MA 02492	06-1519057	501(c)(3)	18,576	0	cash	l .	Office of Naval Research sub-contract

6,774

0 cash

(h) Purpose of grant

or assistance

National Science

Foundation sub-

contract

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) University of Pennsylvania 23-1352685 501(c)(3) 165,134 0 lcash Office of Naval 3451 Walnut St Research sub-contract

Room P221 Philadelphia, PA 19104						
LaSalle University 1900 W Olney Ave	23-1352654	501(c)(3)	13,564	0	cash	Nationa Foundat

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Temple University

Philadelphia, PA 191828799

PO Box 828799

23-1365971

nal Science ation sub-Philadelphia, PA 19141 contract

8,820

0 cash

National Science

Foundation sub-

contract

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 23-2979433 501(c)(3) 9.907 0 lcash National Science Drexel University PO Box 95000-1090 Foundation sub-Philadelphia, PA 191951090 lcontract F 0 4 ( - ) ( 2 ) 27 500 ional support

Foundation for Community Service Shipley School 814 Yarrow Street Bryn Mawr, PA 19010	23-2844309	501(c)(3)	37,500	U	cash	O peration
Woodrow Wilson International	52-1067541	501(c)(3)	20,000	0	cash	O peration

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 20004

Center for Scholars

One Woodrow Wilson Plaza

onal support 1300 Pennsylvania Ave NW

# **Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

DLN: 93493087002347

Department of the

Schedule J (Form 990)

▶ Information about Schedule J (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

terr	ial Revenue Service				пел	ECUIO	"
	me of the organization 'N MAWR COLLEGE			Employer identification	on nur	nber	
DIVI	WHAWK COLLEGE			23-1352621			
Pa	rt I Questions Regarding Compensation	1					
						Yes	No
La	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	▼ First-class or charter travel	~	Housing allowance or residence fo	r personal use			
	Travel for companions		Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initia	ition fees			
	Discretionary spending account	<b>✓</b>	Personal services (e g , maid, cha	uffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the orgenian to provision of all of the expenses de				1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec				2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all thoused by a related organization to establish compensation	at apply	Do not check any boxes for metho	ods			
	✓ Compensation committee		Written employment contract				
	Independent compensation consultant	<b>▽</b>	Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compens	ation committee			
1	During the year, did any person listed on Form 990, I 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-control p	paymen	t?		4a	Yes	
b	Participate in, or receive payment from, a supplemen	ntal none	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed cor	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the revenues of	, line 1a	, did the organization pay or accrue	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
5	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do			on-fixed	7	Yes	
3	Were any amounts reported on Form 990, Part VII, p						
	subject to the initial contract exception described in in Part ${\bf III}$	Keguiai	uons section 53 4958-4(a)(3)? If '	res, describe	8		No
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	e rebutta	able presumption procedure describ	ed in Regulations	9		1,0
						l l	

age =							
Part III Officers, Directors,	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.						
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·			
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		

### other deferred benefits (B)(ı)-(D) column(B) reported (ii) (iii) Base as deferred on prior Bonus & incentive Other reportable compensation (I) compensation compensation compensation Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Page 2

Part III Supplemental In	nformation
Provide the information, explanat	on, 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
Return Reference	Explanation
Schedule J, Part I, Line 1a	First-class travel may be paid by the College for international flights and rail transportation. Housing As a condition of employment, the President is required to reside in College-owned housing. The house must be and is used for College business and College-sponsored functions. A housing expense allowance is provided. The estimated value of housing costs for the President is excluded from taxable income but disclosed in Schedule J Column D. Nontaxable benefits \$51,522. The College made a payment with tax gross-up to President Cassidy which appears in Column B(iii) on Schedule J of \$25,896.
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.

Page 3

Schedule J (Form 990) 2015

In calendar 2015 former President Jane McAuliffe received severance payments totaling \$127,450 as reported in Schedule J Part II Column E Taxable income in lieu of College pension contribution totaling \$25,896 as reported on Schedule J Part II Column B(iii) Line 4 Bonuses are based on a

Schedule J, Part I, Line 4 Schedule J, Part I, Line 7

Schedule J (Form 990) 2015

number of variables including but not limited to individual goal achievements as well as operational achievements of the College. At times, bonuses are a

one-time payment when an employee has taken on additional temporary duties. The final decision of the bonus amount is determined as part of the overall compensation review and is approved by the Board of Trustees for the President of the College and for others by the College President These are reported

on Schedule J Part II Column B(II)

**Software ID:** 15000352 **Software Version:** v1.00

**EIN:** 23-1352621

Name: BRYN MAWR COLLEGE

			<b>Name:</b> BRY	'N MAWR COLLEGE				
Form 990, Schedule J, I  (A) Name and Title	Part I		tors, Trustees, Ke fW-2 and/or 1099-MI: (ii) Bonus & Incentive compensation		d Highest Compens (C) Retirement and other deferred compensation	sated Employees (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Darlyne Bailey Dean of Grad School Social Work	(I) (II)		0	0	21,835	19,685	263,281	0
1Jerry Berenson Chief Administrative Officer	(1)		0	0	24,950	11,822	282,286	0
<b>2</b> Sharon Burgmayer Dean of Grad Studies and Professor	(1)		0	28,597	16,917	339	216,582	0
<b>3</b> Kımberly E Cassidy President of the College	(1)		65,896 	0	26,500 0	102,689	596,124 	0
<b>4</b> Karı Fazıo Treasurer and Chief Financial Officer	(1)	239,885	0	0	24,101	10,035	274,021	0
<b>5</b> Deepak KumarProfessor	(1)		0	0	18,293 0 0	10,187	209,140	0
<b>6</b> Ruth Lindeborg Secretary of the College	(1)		0	0	15,583	42,025	203,319	0
<b>7</b> Samuel B Magdovitz College Counsel	(1)		0	0	17,233	339	191,465	0
<b>8</b> Jane Dammen McAuliffe Former President of the College	(1)		0	0	11,500	1,638	127,450	0
<b>9</b> Clark R McCauley Jr Professor	(1)		0	11,429	17,574 	19,282	221,407	0
10Robert A Miller Chief Development Officer	(1)	236,981	0	0	23,750	0 8,387 	269,118	0
11Pelema Imhotep Morrice Chief Enrollment Officer	(1)	178,775 	0	0	18,147	0 13,746 	210,668	0
12Mary OsırımProvost	(1)	210,554	0	0	21,775	31,653	263,982	0
13Leslie RescorlaProfessor	(11)		0	0	17,926 	9,587	204,904	0
14Gina Siesing Chief Information Offcr and Dir of Libraries	(1)		0	0	17,934	9,387	205,099	0

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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.

2015

DLN: 93493087002347 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶Information about Schedule K (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Employer identification number

	ne of the organization									Emp	oloyer id	lentifica	tion nu	mber	
ВК	YN MAWR COLLEGE									23-	-13526	21			
Р	art I Bond Issues														
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue pric	ce	(f)	Description	n of purpose	( <b>g)</b> De	feased	beh	On alf of uer		Pool noing
										Yes	No	Yes	No	Yes	No
A	PA Higher Education Facilities Authority Bryn Mawr College Series 2007	23-2243852	70917RKE4	05-22-2007	21,738,3	s	Ser 19	t refund 97,issuanc term '97 sw			X		X		X
В	PA Higher Education Facilities Authority Bryn Mawr College Series 2010	23-2243852	70917RF75	05-26-2010	15,962,6	- 1		t refund 99,ıssuanc	e costs		Х		Х		Х
c	PA Higher Education Facilities Authority Bryn Mawr Series 2010A	23-2243852	70917RQ40	11-23-2010	32,264,4			e partial re 02,issuanc			Х		X		Х
D	PA Higher Education Facilities Authority Bryn Mawr Series 2012	23-2243852	70917R3F0	02-01-2012	29,184,8	- 1		t refund por 09,ıssuanc			Х		X		Х
Pa	rt III Proceeds														
_	A marint of banda vaturad				Α		_	ĺ	В		С			D	
1	A mount of bonds retired A mount of bonds legally defea						0		3,445,000		2,85	0,000			315,000
2 3	Total proceeds of issue		· · · · ·				U		U			U			780,000
_	<u> </u>				21	1,738	,366		15,962,636		32,26	4,417		29,	184,825
4	Gross proceeds in reserve fur						0		0			0			0
5	Capitalized interest from proc						0		0			0			0
6	Proceeds in refunding escrows						0		0			0	-		0
7	Issuance costs from proceed						36,476 302,627		302,627	348,73		8,739			313,035
8	Credit enhancement from prod					197	07,806 0				0	0		0	
9	Working capital expenditures						0		0			0			0
10	Capital expenditures from pro						0		0			0			0
11	Other spent proceeds Other unspent proceeds				21	1,254	-		15,660,009		31,91	5,678		28,	871,790
12	Year of substantial completion				200	_	0		0		0.1.0	0		2012	0
13	Tear of substantial completion			• • •	Yes 2007	/ No		Yes	10 No	Yes	012	No	Yes	2012	No
14	Were the bonds issued as par	t of a current refund	dina issue? -		X	140	,	X	140	163		X	X		140
	·				<del>                                     </del>	X			_			^			
15					+ , +	^			X	×					X
16					X			×		Х			X		
17 	allocation of proceeds?	рогстие ппат	×			х		Х			×				
Pa	rt IIII Private Business L														
					A			l	3		c			D	

			A	I	В		ε	Γ	)
		Yes	No	Yes	No	Yes	No	Yes	1
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		х		×		
2	Are there any lease arrangements that may result in private business use of bond-		×		x		X		

No

D

			163	140	163	140	1 63	110	1 63	140
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	iness use		Х		х		Х		×
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth	ner outside								
prope	counsel to review any management or service contracts relating to the finance	ed								
c c	Are there any research agreements that may result in private business use of	bond-								+
	financed property?			Х		Х		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth counsel to review any research agreements relating to the financed property?	ner outside								
4	Enter the percentage of financed property used in a private business use by e other than a section $501(c)(3)$ organization or a state or local government .			0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5			0 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds issued?	were		х		Х		Х		х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions								
9	Has the organization established written procedures to ensure that all nonqua bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	lıfıed	×		×		×		×	
Par	t IV Arbitrage									
		Α			В		С		D	
	_	Yes	No	Yes	No	Ye:	5	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		x		×			х		X
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		Х			Х		X
b	Exception to rebate?	Х		Х		Х			Х	
С	No rebate due?		Х		Х			Х		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		X			Х		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		Х				Х		×
b	Name of provider	3S Investm	ent Bank	UBS Invest	tment Bank		<b>,</b>		'	
С	Term of hedge		1750 %		1950 %					
d	Was the hedge superintegrated?		Х		Х					
e	Was the hedge terminated?	Х		Х						
				•		-			ule K (Form	

period?

D

Yes

Page 3

No

No

the requirements of section 148? . . .

**Procedures To Undertake Corrective Action** 

Has the organization established written procedures to ensure

Were gross proceeds invested in a guaranteed investment

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . .

Were any gross proceeds invested beyond an available temporary Has the organization established written procedures to monitor

Yes

Yes

Nο

Х

Х

No

No

Nο

Yes

Yes

В

В

Yes

Yes

Χ No

No

Х

that violations of federal tax requirements are timely identified Х and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K (Form 990) 2015

Yes

Х

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

DLN: 93493087002347 OMB No 1545-0047

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

2015

Open to Public

Department of the Treasury

(Form 990)

Internal Revenue Service

explanations, and any additional information in Part VI. ▶ Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization BRYN MAWR COLLEGE Employer identification number

BRY	N MAWR COLLEGE								23-	13526	21			
Pa	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue pr	псе	(f) Description	on of purpose	( <b>g)</b> De	feased		On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	PA Higher Education Facilities Authority Bryn Mawr Series 2012A	23-2243852	70917SCS0	11-29-2012	15,543		rent refund Se ts,capital pro	r 2002,ıssuance jects	2	Х		Х		×
В	PA Higher Education Facilities Authority Bryn Mawr Series 2014	23-2243852	70917SKZ5	07-09-2014	57,487	cos	oital projects,i its,adv refund 2012,cap int			Х		Х		х
Pa	rt III Proceeds					00.	LUIL/cap me	0,000	ı					
						A		В		С			D	
1	A mount of bonds retired						0	0						
2	Amount of bonds legally defea	ased					0	0						
3	Total proceeds of issue					15,543,4	12	57,592,954						
4	Gross proceeds in reserve fur	nds					0	0						
5	Capitalized interest from proc	eeds					0	1,889,298						
6	Proceeds in refunding escrow	/s					0	23,280,415						
7	Issuance costs from proceed	s				223,0	59	464,162						-
8	Credit enhancement from pro	ceeds					0	0						
9	Working capital expenditures	from proceeds .					0	0						
10	Capital expenditures from pro	oceeds				5,008,3	16	15,517,501						
11	Other spent proceeds					10,312,0	38	1,207,214						
12	Other unspent proceeds						0	15,234,364						
13	Year of substantial completio	n			20	14								
					Yes	No	Yes	No	Yes	ı	No	Ye	5	No
14	Were the bonds issued as par	rt of a current refund	dıngıssue?		X			x						
15	Were the bonds issued as par	t of an advance ref	unding issue?			Х	Х							
16	Has the final allocation of pro	ceeds been made?			Х			Х					$\top$	
17	Does the organization mainta allocation of proceeds?	•	·	port the final	Х		х							
	t IIII Private Business U													
	riivate busilless t	J3E				4		В		С	1		D	
					Yes	No	Yes	No	Yes	<del></del>	No	Yes		No
1	Was the organization a partne	er in a partnership,	or a member of an I	LLC, which owned		×		×						

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

Χ

			Δ.	1	E	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?	usiness use		×		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 finar									
prope	· · · · · · · · · · · · · · · · · · ·									<del>                                     </del>
С	Are there any research agreements that may result in private business use financed property?	of bond-		×		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .			0 %		0 %				
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	rsection		0 %		0 %				
6	Total of lines 4 and 5			0 %		0 %				
7	Does the bond issue meet the private security or payment test?			Х		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 bond issued?	is were		x		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	isposed of								
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	ections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		х		×					
Par	IV Arbitrage									
	<del></del>	А			В		С		D	
	-	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х					
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		Х		Х					
b	Exception to rebate?	Х			X					
С	No rebate due?		Х	Х						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was the hedge terminated?									

	<b>J</b> (	· · · · · · · · · · · · · · · · · · ·								
			Α		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gros		vested in a guaranteed investment		х		х				
<b>b</b> Name of provider										
c Term of GIC										
		harbor for establishing the fair market								
period?		s invested beyond an available temporary		Х		Х				
		tablished written procedures to monitor tion 148?	x		х					
Part V Pro	ocedures To	Undertake Corrective Action								
			A		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
that viola and corre	tions of federal	tablished written procedures to ensure I tax requirements are timely identified ne voluntary closing agreement program if available under applicable regulations?	×		Х					
Part VI	Supplement	tal Information. Provide additional informa	ition for resp	onses to que	estions on Sc	hedule K (se	ee instructioi	าร).		
Return Re	ef erence	E	Explanation							
Schedule K, Part 07/09/2014 57 Higher Educatio Authority	,487,399 PA	Negative arbitrage on rebate calculation 06/30/20	)16/no deposit	t to rebate fund	d necessary					

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(Form 990)

DLN: 93493087002347

2015

OMB No 1545-0047

# **Noncash Contributions**

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

**Open to Public** 

Trea	artment of the sury mal Revenue Service	▶Information a	Dout Scheal	lie M (Form 990) and its ins	tructions is at <u>www.irs.go</u>	<u>ov/rorm990</u>	Open i Insp	ectio	
	ne of the organiza N MAWR COLLEGE	tion				Employer iden	tification n	ımber	
DK 11	THAWK COLLEGE					23-1352621			
P	art I Types	of Property							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash	<b>(d)</b> od of determ contribution	_	ıts
	Art—Works of a					-			
2									
3	Art—Fractional				162.705	) A			
4 5	Books and publi Clothing and ho goods	usehold	X		162,/92	2 Appraisal			
6	Cars and other	vehicles							
7	Boats and plane	·s							
8	Intellectual pro								
9	Securities—Pub		X	133	2,121,138	Fair Market V	alue		
10		sely held stock	·			1			
	Securities—Part or trust interest	:s							
	Securities—Mis								
13	Qualified conse contribution—H structures .	ıstorıc							
	Qualified conse contribution—O	ther							
15	Real estate—Re								
16	Real estate—Co								
17 18	Real estate—Ot Collectibles .					+			
19	Food inventory								
20	Drugs and medi								
21	Taxidermy .								
22	Historical artifa								
23	Scientific specii								
25	O ther ▶ (	)							
26	O ther ▶ (	)							
27	O ther ▶ (	)							
28	O ther ▶ (	)				<u> </u>			
29				anization during the tax yea 283, Part IV, Donee Ackno		29			C
20.	• During the year	r did the organiz	ation roco	a by contribution any propa	arty reported in Bart I. Lines	- 1 through 20	that	Yes	No
30		· -		e by contribution any prope		_			
		•		e date of the initial contribu		ired to be used			
			٠.	period?			· 30a	<u> </u>	No
-	<b>b</b> If"Yes," descr	ibe the arrangem	ent in Part :	II					
31	Does the organ	iization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	l contributions	31	Yes	<u> </u>
22	Door the organ	uzation biro or us	a third part	ios or rolated organizations	to colicit process or coll	noncach	- 1	1	1

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? . . . .

**b** If "Yes," describe in Part II

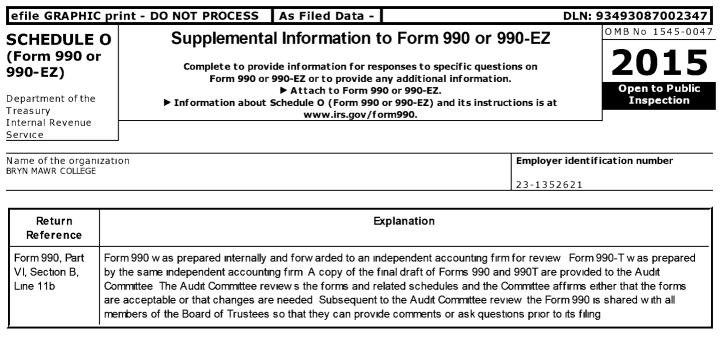
describe in Part II

32a

Yes

Schedule M (Form 990) (2015)

# Return Reference Explanation Schedule M, Part I, Line 32b 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



Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Bryn Maw'r 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, key employees, emeritus trustees and special advisors to the Board of Trustees' committees 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-law's 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.

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The College has a formal process for determining compensation for the chief executive (President), other officers, and key employees independent surveys are commissioned annually to update appropriate market data for each position. The President recommends the annual compensation for officers and key employees. The Executive Committee reviews the recommendations and approves the compensation amounts. The President's compensation is determined by the Executive Committee. Compensation decisions are documented and communicated to the Human Resources Office for action.

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

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	Former President McAuliffe term effective June 30, 2013 and received severance through June 30, 2015

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** 

# **Related Organizations and Unrelated Partnerships**

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

2015

OMB No 1545-0047

DLN: 93493087002347

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

BRYN MAWR COLLEGE

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number** 

				23-13526	21			
art I Identification of Disregarded Entities Complete	If the organization	n answered "Yes" or	n Form 990, Pa	art IV, line 33.				
(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) End-of-year assets	Dı	(f) rect controlling entity		
art II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions Complete if tax year.	the organization an	swered "Yes"	on Form 990, Pa	rt IV, lı	ne 34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	(d) (e) Exempt Code section Public charity s (if section 501(d)		<b>(f)</b> Direct controlling entity	(g) Section 512(b (13) controlle entity?	
							Yes	No
							$\Box$	
							+	
							+	
or Panerwork Reduction Act Notice see the Instructions for Form 990		Cat No 501	3.E.V			Schedule R (Fort	m 000) 1	2015
IT PADEDVOCK REDUCTION ACT NOTICE SEE THE INSTRUCTIONS FOR FORM 440		car wo suc	171			SCREATUR & CHAP	n yyu: /	רוטי

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownershi	
							Yes	No		Yes	No		
												ı	
												ı	
												ı	
												ı	
												ı	
												i	

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

(a)  Name, address, and EIN of related organization	Name, address, and EIN of Primary activity Legal		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)( contro enti	n 512 13) olled ty?
(1)Remainder Trusts c/o Bryn Mawr College 101 N Menon Avenue Bryn Mawr, PA 19010	Chantable Trust	PA	N/A	T				Yes	No
Charitable Remainder (2)Unitrusts  c/o State Street Global Advisors One Lincoln Street Boston, MA 02111	Chantable Trust	PA	N/A	T					
(3)Income Trusts c/o Bryn Mawr College 101 N Menon Avenue Bryn Mawr, PA 19010	Charitable Trust	PA	N/A	Т					
(4) Chantable Gift Annuity Fund  c/o State Street Global Advisors One Lincoln Street Boston, MA 02111	Chantable Trust	PA	N/A	Т					
Charitable Pooled Income (5)Fund  c/o State Street Global Advisors One Lincoln Street Boston, MA 02111	Chantable Trust	PA	N/A	Т					
Charitable Pooled Growth (6)Fund c/o State Street Global Advisors One Lincoln Street Boston, MA 02111	Chantable Trust	PA	N/A	Т					

chedule k (Form 990) 2015					Рад	ge <b>3</b>			
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more r	related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No			
c Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No			
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No			
e Loans or loan guarantees by related organization(s)									
f Dividends from related organization(s)				1f		No			
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No			
<b>h</b> Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				1i		No			
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
l Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No			
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No			
r Other transfer of cash or property to related organization(s)				1r		No			
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				<b>1</b> s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete				S					
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	( <b>d)</b> Method of determining a	mount II	nvolved				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<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 sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	/-UBI General or nt in managing 20 partner? edule 1		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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