### DLN: 93493103000151

OMB No. 1545-0047

2019

Department of the

**Return of Organization Exempt From Income Tax** 

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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2019 calendar year, or tax year beginning 06-01-2019 , and ending 05-31-2020 C Name of organization D Employer identification number **B** Check if applicable: Bryn Mawr College ☐ Address change 23-1352621 % CONTROLLER  $\square$  Name change ☐ Initial return Doing business as

□ Ai	mended	I return  Number and street (or P.O. box if mail is not delivered to street address) Room/s on pending  101 N Merion Avenue	suite	E Telephone no		
	opiicatic	City or town, state or province, country, and ZIP or foreign postal code		(610) 526-	3000	
		Bryn Mawr, PA 19010		<b>G</b> Gross receip	ts \$ 55	59,984,334
		<b>F</b> Name and address of principal officer: Kimberly E Cassidy 101 N Merion Avenue Bryn Mawr, PA 19010		Is this a group return subordinates? Are all subordinates	n for	□Yes ☑No
I Ta	ax-exen	npt status:		included? If "No," attach a list.	(500	
J W	/ebsit	e: ► www.brynmawr.edu	1	Group exemption nu	•	•
<b>K</b> For	m of or	rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	<b>L</b> Year o	of formation: 1885 M	State	of legal domicile: PA
Р	art I	Summary				
Governance	1 B	Briefly describe the organization's mission or most significant activities: To provide a rigorous education through an undergrad liberal arts curriculum for wo Sciences, & in Social Work & Social Research.	omen & th	rough coeducational	grad p	orograms in Arts &
K Gove		Check this box ▶ ☐ if the organization discontinued its operations or disposed of Number of voting members of the governing body (Part VI, line 1a)			ts. <b>3</b>	33
<b>χ</b> ο (γ)	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	33
Ě	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .			5	2,323
Activities &	6	Total number of volunteers (estimate if necessary)			6	909
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	2,342,086
	b	Net unrelated business taxable income from Form 990-T, line 39			7b	0
				Prior Year		Current Year
<u>a</u> .	8	Contributions and grants (Part VIII, line 1h)		42,794,567		26,188,643
Rəvenue	9	Program service revenue (Part VIII, line 2g)		112,541,758		111,315,861
P. v.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )		76,280,461		66,145,477
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		189,010		435,242
	+	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		231,805,796		204,085,223
	1	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		46,843,821		48,219,305
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0		0
8	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		70,763,630		71,062,179
xpenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0		0
Š	1	Total fundraising expenses (Part IX, column (D), line 25) ►5,245,281				
ш	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		56,644,702	1	53,103,353
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		174,252,153		172,384,837
. 0	19	Revenue less expenses. Subtract line 18 from line 12		57,553,643	-	31,700,386
S Q			Beg	inning of Current Year		End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,226,849,227		1,216,445,162
A A		Total liabilities (Part X, line 26)		147,808,312	<b>-</b>	152,329,606
ŞŢ	1	Net assets or fund balances. Subtract line 21 from line 20		1,079,040,915	<b>-</b>	1,064,115,556
Р	art II	Signature Block				
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanyin and belief, it is true, correct, and complete. Declaration of preparer (other than of				

any knowledge 2021-04-09 Signature of officer Sign

	KARI FAZIO CFO AN	ND TREASURER					
	Type or print name	and title					
Paid	Print/Type pre	parer's name	Preparer's signature	Date	Check if self-employed	PTIN P00504182	
Preparer		► GRANT THORNTON LLP	Firm's EIN ►				
Use Only	Firm's address	► 2001 MARKET STREET S	SUITE 700		Phone no. (215)	) 561-4200	
		PHILADELPHIA, PA 191	03				

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

☑ Yes ☐ No

Form	990 (2	019)					Pag	je <b>2</b>
Pa	rt III	Statement	of Program Servi	ce Accomplis	hments			
		Check if Sched	dule O contains a resp	onse or note to a	any line in this Part III		🗹	]
1	Briefly	describe the o	rganization's mission:					
currio throu stude resid post-	culum a igh stud ent body ential w baccala	and distinguished by across the ar y cultivate intell yomen's college aureate premedi	d graduate programs to ts, humanities, science ectual curiosity, indep at the undergraduate cal training, Bryn Maw	foster a thirst for es, and social sc endence, persor level, and throu or is committed t	r knowledge, open inquiences. A world-class fa nal integrity, and resilie gh coeducational gradu to women's education a	nem for lives of purpose. The Coll uiry, global perspectives, civic eng aculty of teacher-scholars, a taler ence in a community of passionate tate programs in arts and science and empowerment, to gender equ ine for excellence and innovation	agement, and innovation ted staff, and a tight-kni e, joyful learners. As a s, in social work, and in	n it
2		e organization u	, -	ant program ser	vices during the year w	hich were not listed on	□Yes ☑No	
			se new services on Sc				Lifes Life	
3		•			changes in how it cond	ucts any program		
3		es?	cease conducting, or n	lake significant	changes in now it cond	ucts, any program	□ Yes ☑ No	
			se changes on Schedu				Lies Line	•
4	Descr Section	ibe the organiza on 501(c)(3) and	ation's program service	e accomplishmer ons are required	to report the amount	largest program services, as me of grants and allocations to other		
4a	(Code:		) (Expenses \$	136,072,180	including grants of \$	48,023,955 ) (Revenue \$	107,505,348 )	
	See Ac	lditional Data					, , ,	
4b	(Code:		) (Expenses \$	1,782,861	including grants of \$	185,394 ) (Revenue \$	1,782,861 )	
	See Ac	lditional Data						
4c	(Code:		) (Expenses \$	1,713,324	including grants of \$	9,956 ) (Revenue \$	1,116,742 )	_
	See Ac	lditional Data						
4d			es (Describe in Sched	,				
	• •	nses \$		luding grants of	\$	) (Revenue \$	)	
4e	Total	program serv	ice expenses ►	139,568,3	65			

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Par	Checklist of Required Schedules			
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	<b>Yes</b> Yes	No_
	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule D</i> ,Part   93.	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? <i>If "Yes,"</i> 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, VIII, VIII, IX, or $X$ as applicable.			
	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	11c		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 2	11d		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	11f	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	20b 21	Yes	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		orm <b>99</b>	<b>n</b> (2019)

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Par	Checklist of Required Schedules (continued)	- 1	Yes	No
	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	
	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	
3	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	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
3	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
ı	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
ali	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
а	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   379		Yes	No

1b

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1c

Yes

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	2,323		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	
U	If "Yes," enter the name of the foreign country: ►FR  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizati solicit any contributions that were not tax deductible as charitable contributions?			No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts in not tax deductible?	were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file <b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Formula 1098-C?	orm <b>7h</b>		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		1
а	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	$\neg \uparrow  $		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exparachute payment(s) during the year?	cess <b>15</b>		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16	Yes	

m '	990 (2019)			Page
ari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to l	ines 🔽
e	ction A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year  1a 33			
	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.			
	Enter the number of voting members included in line 1a, above, who are independent  1b 33			
	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
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6		No
ı	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
	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
!	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
	r		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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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?	16a		No
	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?	164		
	ction C. Disclosure	16b		
_	List the states with which a copy of this Form 990 is required to be filed  AK , CO , DC , MD , MA , MI , NV , NH , NY	, OH ,	OK , OF	t , W.
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:  •CONTROLLER 101 N MERION AVE Bryn Mawr PA 19010 (610) 526-5632			

<ul> <li>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.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>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 organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>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 \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (C)  Name and title          (B)  Average hours per week (list any hours per week list any hours per week (list any hours per week list any hours pe</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ 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 organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  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 furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.  ■ List all of the organization which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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 organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
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 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  (D)  (E)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  MISC)  MISC)  (F)  Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  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)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer   Institutional Trustee   Position (w-2/1099- MISC)  Officer   Institution (w-2/1099- MISC)  Officer   Institution (w-2/1099- MISC)  Officer   Institution (w-2/1099- MISC)  Officer   Institution (w-2/1099-	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	relate	ated	
	See Additional Data Table												
													—
													—

PABEC Systems Inv, PO Box 60714 KING OF PRUSSIA, PA 19406

Page 8

Form 990 (2019)													Page &
Part VII Section A. Officers, Di	rectors, Trustees	, Key	Empl	loye	es,	and	High	hest Compen	sated	<b>Employees</b>	(cont	inued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u ın off	t che unles ficer	eck moss pers r and a ree)	son	(D) Reportable compensation from the organization	on in	(E) Reportable compensation from related organization	5	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	,-	(W-2/1099- MISC)		organizati relat organiza	ed
See Additional Data Table					-		+						
					H								
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			$oxed{oxed}$		L						_		
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			igspace		lacksquare		<u> </u>				_		
					L	<u> </u>			$\perp$		$\perp$		
b Sub-Total c Total from continuation sheets t						<b>▶</b>   <b>▶</b> [	_		_		+		
d Total (add lines 1b and 1c) .						<b>▶</b>		3,214,648			0		604,62
Total number of individuals (included of reportable compensation from the compensatio			e liste	ed al	bove	e) who	) rec	eived more tha	n \$100	0,000			
												Yes	No
B Did the organization list any <b>form</b> line 1a? <i>If "Yes," complete Schedu</i>				ey er	mplo •	oyee, o	or hi	ghest compens	ated e	mployee on	3		No
For any individual listed on line 1a organization and related organization	tions greater than \$	150,00	0? <i>If</i>	"Yes	s," co					the			
individual						· · ·	 ated	organization o	· ·	dual for	4	Yes	
services rendered to the organiza									•		5		No
Section B. Independent Contr		1 1 - 1		-			11. 44		· · · · · · ·	100 000 -6		**= :-	
Complete this table for your five he from the organization. Report con	npensation for the c									tax year.	mpen		
	(A) ime and business addre	ess								(B) Ition of services		(C Comper	nsation
ealth Sciences Construction Group, 04 New Mill Ln XTON, PA 19341								Buildin	g Contr	actor		3	,347,448
he Sullivan Co, La Grange Ave SSINGTON, PA 19029		_		_	_	_	_	Buildin	g Contr	actor		2	,620,678
Cambridge Associates LLC, 25 High St								Investi	ing Cons	sultant		2	,013,406
OSTON, MA 02110 elran Builders Co Inc,					—			Buildin	g Contr	actor		1	,090,385
909 Flourtown Ave /YNDMOOR, PA 19038													
DARFC Syctome Inv								Flactric	· Contra	ctor			611 305

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

611,395

Electric Contractor

		(2019)								Page <b>9</b>
Part	VIII									
		Check if Sched	dule	O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1:	a Federated campa	igns	· .	1a			revenue		512 - 514
nts ints		<b>b</b> Membership dues			1b					
Gra not		<b>c</b> Fundraising even	ts .		1c					
ts.		d Related organiza	tions	5	1d					
Gif		e Government grants	(con	tributions)	1e	6,997,680				
ns, Sir		f All other contributio	ns, g	jifts, grants,						
utio er (		and similar amounts above			1f	19,190,963				
<u> </u>		g Noncash contribution lines 1a - 1f:\$	ns in	icluded in	1g	5,038,862				
Contributions, Gifts, Grants and Other Similar Amounts		<b>h Total.</b> Add lines :	1a-1	f	9					
<u> </u>						Business Code	26,188,643	Т	1	
	22	GROSS TUITION					85,525,014	85,525,014		
e						611710	17.000.011	17.005.014		
Program Service Revenue	b	ROOM AND BOARD				721310	17,896,044	17,896,044	0	0
<b>8</b> 2€	c	OTHER AUXILIARY SE	RVI	CES		532000	4,347,669	3,436,759	910,910	0
rvice						332000	1 116 742	1 116 742	0	0
Se	d	PUBLIC SERVICE FEE	S			611710	1,116,742	1,116,742	U	U
Jran.	e	TRI-COLLEGE PROGR	AMS			611710	1,900,514	1,900,514	0	0
Prος						011/10				
_	f	All other program	serv	ice revenue			529,878	529,878		0
	g	Total. Add lines 2	2a-2	f	. ▶	111,315,861	•	'		
		Investment income similar amounts)		luding divid		nterest, and other	49,120,923	3	1,431,176	47,689,747
		Income from invest				ond proceeds	162,572	2		162,572
	5	Royalties					2,997	,		2,997
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b				1			
	_	expenses Rental income	00				-			
		or (loss)	<b>6</b> c		(	)	<u>o</u>			
	•	d Net rental income	or				C	)		
	7-	Gross amount		(i) Secur	ities	(ii) Other	-			
	7 6	from sales of assets other	7a	372,	761,093	3				
		than inventory					_			
	b	Less: cost or other basis and	7b	355,	899,111	L				
		sales expenses					-			
		Gain or (loss)	7c	<u>'</u>	861,982					
		d Net gain or (loss)				· · · •	16,861,982	2		16,861,982
ne	8a	Gross income from fu (not including \$		of						
e l		contributions reported See Part IV, line 18			8a	0				
Other Revenue	ŀ	Less: direct expen	ses		8b	0				
ıer		c Net income or (los				ents 🕨		)		
	9a	Gross income from See Part IV, line 19			·     9a	0				
	Ŀ	Less: direct expen	ses		9b	0	1			
	(	c Net income or (los	s) fr	om gaming	activit	ies		)		
	10	<b>a</b> Gross sales of inve	anto	ny less						
		returns and allowa	nce	s	10a	0				
	Ŀ	Less: cost of good	s so	ld	10b	0				
	(	Net income or (los			invent		C			
	11	Miscellaneo Lavending, MISC.			BCED	Business Code 90009	9 432,245	j 0	0	432,245
		COSTS	SAL	ES, KEIMBU	KSED		,			,
	Ł							1		
	(							1		
	(	d All other revenue								
	•	Total. Add lines 1	1a-:	11d		•	432,245	;		
	12	<b>2 Total revenue.</b> S	ee ir	nstructions					2 242 000	65 140 543
						•	204,085,223	110,404,951	2,342,086	65,149,543

Forr	n 990 (2019)				Page <b>10</b>
Р	art IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c				mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,672,291	4,672,291		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	43,423,530	43,423,530		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	123,484	123,484		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,828,608	878,354	1,616,612	333,642
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	51,622,622	41,931,982	6,856,592	2,834,048
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,633,260	3,425,530	939,294	268,436
9	Other employee benefits	8,370,045	6,175,925	1,722,927	471,193
10	Payroll taxes	3,607,644	2,703,893	702,197	201,554
11	Fees for services (non-employees):				
a	a Management	0			
ŀ	Legal	38,198	18,783	19,355	60
	Accounting	269,783		269,783	_
	lobbying	17,764	486	17,278	
•	Professional fundraising services. See Part IV, line 17	0			_
f	Investment management fees	7,998,882	42,691	7,955,205	986
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,985,201	1,523,480	1,258,683	203,038
12	Advertising and promotion	64,409	48,411	15,998	
13	Office expenses	8,052,666	6,283,691	1,605,292	163,683
14	Information technology	2,557,827	1,565,694	943,630	48,503
15	Royalties	0			
16	Occupancy	2,430,070	2,121,600	276,689	31,781
17	Travel	1,861,690	1,560,569	78,761	222,360
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	1,160,980	682,802	369,664	108,514
20	Interest	5,344,868	4,948,038	323,841	72,989
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,990,411	11,539,978	1,183,656	266,777
23	Insurance	843,675	749,183	76,775	17,717
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a POOLED INCOME FUND EXPENSES	1,087,111	0	1,087,111	0
	b BI/TRI-COLLEGE SHARED EXPS	502,980	441,858	61,122	0
	c LIBRARY ACQUISITIONS	2,401,244	2,401,244	0	0
	d STUDY ABROAD PROGRAMS	2,304,868	2,304,868	0	0
	e All other expenses	190,726		190,726	
25	Total functional expenses. Add lines 1 through 24e	172,384,837	139,568,365	27,571,191	5,245,281
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

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12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 23,114,104 2,837,819

2.560.340

1,100,683

194,357,947

571,898,048

329.113.011

5,657,701

11,346,011

605.054

0

0

3,866,357

126.435.330

10,076,854

152.329.606

519.651,207

544,464,349

1,064,115,556

1,216,445,162

Form 990 (2019)

1,216,445,162

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31

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33

0 21

0

0 24

10,092,843

147.808.312

521,708,524

557,332,391

1,079,040,915

1,226,849,227

0

2.726.556

1,734,274

196,781,900

603,501,503

321.689.413

6,149,544

10,831,884

964.256

4.350.417

121.568.912

1,226,849,227

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

	Beginning of year		End of year
1 Cash-non-interest-bearing	9,838	1	9,83
2 Savings and temporary cash investments	64,803,973	2	85,795,67

413,460,294

219,102,347

2	Savings and temporary cash investments	64,803,973	2	
3	Pledges and grants receivable, net	26,499,592	3	
4	Accounts receivable, net	2,952,634	4	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled		_	

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use . . Prepaid expenses and deferred charges .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

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.

3a

3b

Yes

Yes Form 990 (2019)

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

**EIN:** 23-1352621

Name: Bryn Mawr College

Form 990 (2019)

provided over \$4.6 million in subawards to other institutions for instruction in critical languages.

Form 990, Part III, Line 4a:

Instruction: During the year, Bryn Mawr College's enrollment consisted of approximately 1.385 full and part-time undergraduate students in residence and 335 graduate and professional students. In FY2020, Bryn Mawr conferred 358 bachelor's degrees; 75 post-baccalaureate certificates; 93 master's degrees and 8 doctoral degrees. Seventyfour percent of full-time undergraduate students received some form of financial aid. The average aid award was \$53,763. In addition, during fiscal year 2020, the College

### Form 990, Part III, Line 4b:

Research: Since its founding in 1885, the College has maintained its character as a small residential community which fosters close working relationships between faculty

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### and students. The faculty of teachers/scholars emphasizes learning through conversation and collaboration, primary reading, original research and experimentation. The

College's faculty research support program reflect a strong institutional commitment to faculty scholarship and to the relationship between teaching and research.

## Public Service and Civic Engagement: Bryn Mawr College's Phebe Anna Thorne School has been serving families in the greater Philadelphia area for more than sixty years. The Thorne School continues to offer developmentally oriented, child-centered pre-school and kindergarden programs. Civic Engagement collaborates with community-based organizations to prepare students to be socially responsible leaders and citizens through purposeful action, reflection, and learning. A wide variety of programs include

Form 990, Part III, Line 4c:

area with much-needed services.

providing direct service such as tutoring, tax preparation, mentoring, and leadership training, and reflecting on that service inside and outside of a classroom setting. This dynamic combination of the practical and the academic helps shape students' professional goals, gives them real work experience, and provides the Philadelphia metropolitan

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	MISC)	MISC)	related organizations
Kimberly E Cassidy	40.0									
	••••••			Х				541,800	0	124,867
President of the College	0.0									
Mary Osirim	40.0									
				Х				237,815	0	74,593
Provost and Professor	0.0									
Robert A Miller	40.0									
					Χ			273,635	0	36,077
Chief Alum Relations & Dev Off	0.0									
Kari Fazio	40.0									
				Х				270,549	0	36,638

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Chief Alum Relations & Dev Off	
Kari Fazio	
CFO and CAO	
Darlyne Bailey	
Professor	

Robert J Dostal

Deepak Kumar

Professor

Gina Siesing

Professor and Interim Provost

CIO and Director of Libraries

Samuel B Magdovitz

Secretary of the College

College Counsel

Ruth Lindeborg

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

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

!	any nours							organization	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jennifer Walters Dean of Undergraduate College	40.0				х			179,046	0	39,486	
Cheryl Lynn Horsey Chief Enrollment Officer	40.0				х			179,343	0	38,205	
Grace Armstrong Professor	40.0					х		177,975	0	27,381	
Janet Shapiro Eisenberg	40.0					х		178,004	0	17,983	

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Grace Armstrong	
Professor	
Janet Shapiro Eisenberg	
Dean Of GSSWSR and Professor	
Ann Logan	

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Chair, Board of Trustees

Vice Chair, Board of Trustees

Catherine Allegra

Cynthia Archer

Sandy Baum

Stephanie L Brown

Trustee

Trustee

Trustee

Mary L Clark

Trustee

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

	any hours	and	a dir	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Cecilia A Conrad	3.0	Х		х				0	0	0	
Secretary Board of Trustees	0.0										
Susan Jin Davis Trustee	2.0  0.0	Х						0	0	0	
Cheryl R Holland Vice Chair, Board of Trustees	3.0	Х		х				0	0	0	
Denise Lee Hurley	3.0	Х		х				0	0	0	
Vice Chair, Board of Trustees	0.0			l							

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Vice Chair, Board of Trustees
Denise Lee Hurley
Vice Chair, Board of Trustees
Kiki Jamieson
Trustee

Justine D Jentes

Eileen P Kavanagh

Antonia L Kerle

Jeffrey I Kohn

Amy T Loftus

Trustee

Trustee

Trustee

Trustee

Vice Chair Board of Trustees

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and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the and a director/trustee) any hours organization organizations from the

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

and Independent Contractors

Vice Chair, Board of Trustees

Trustee/Pres of Alumnae Assc

Saskia Subramania

Severa von Wentzel

Elizabeth Vogel Warren

Nanar Tabrizi Yoseloff

Teresa Wallace

Trustee

Trustee

Trustee

Trustee

	1,				,	,	,	(1)	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ana Maria Lopez Trustee	2.0	Х						0	0	0	
Susan MacLaurin Vice Chair, Board of Trustees	0.0	Х		х				0	0	0	
Patrick T McCarthy Trustee	0.0	Х						0	0	0	
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Patrick T McCarthy	2.0	¥			0	
Trustee	0.0	^			,	
Margaret Sarkela	2.0	×			0	
Trustee	0.0	Λ.			Ŭ	
Janet L Steinmayer	3.0					
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and a director/trustee)

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organizations

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

	ally hours	anu	a un	eccc	) / LI	ustee,	,	Organization	Organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Barry Mills	2.0	х						0	0	0	
Trustee	0.0								J		
Christy A Allen	2.0	X						0	0	0	
Trustee	0.0								J		
Jing-Yea Hsu	2.0	×						0	0	0	
		, · ·	I	I		1		ı "l	· ·	ı	

Christy A Allen	2.0	X			0	
Trustee	0.0	^				
Jing-Yea Hsu	2.0					
Trustee	0.0	X			0	
Karen Kerr	2.0	Х			0	
Trustee	0.0				٥	

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any hours

and Independent Contractors

Aparajita Bhattacharyya

Trustee

Trustee

Trustee

Trustee

Trustee

Cynthia Chalker

Tim Blake Nelson

Thabani Sinkula

Jennifer Whitfield

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SCI	HED	ULE A	Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam		nie Service he organiza	tion				Employer identific	<u> </u>
ы уп т	nawi Co	Jileye					23-1352621	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	rganız		a private foundation because	•			(A)(:)	
		•	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .  A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E (Form 990 or 990-EZ).)					
2	<b>✓</b>		. , ,		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>
6			tate, or local government or	_				
7			ation that normally receives a <b>(O(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d I through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a	
a		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a <b>Part IV, Sections A and B.</b>	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the sar				
С		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	[ functionally
f	Enter	r the number	of supported organizations				<u> </u>	
g			ing information about the su	·	r '		Γ	
(i) Name of supported organization				(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. B. '	tion Act Notice, see the In		Cat. No. 11285		 	 90 or 990-EZ) 2019

Page 2

	If the organization failed	to qualify under	r the tests listed	below, please c	complete Part II	1.)	
<u>S</u>	ection A. Public Support	г			т	Т	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.").	26,539,057	27,761,184	61,253,193	42,794,567	26,188,644	184,536,64
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 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	26,539,057	27,761,184	61,253,193	42,794,567	26,188,644	184,536,64
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						946,92
6	<b>Public support.</b> Subtract line 5 from line 4.	1					183,589,71
S	ection B. Total Support		1	•		•	
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	(or fiscal year beginning in) ►	26,539,057	` '	61,253,193	42,794,567	26,188,644	184,536,64
7 8	Amounts from line 4 Gross income from interest,	20,539,057	27,761,184	61,253,193	42,794,367	20,100,044	164,536,64
٥	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	41,503,042	44,621,976	47,055,456	48,260,431	49,095,766	230,536,67
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	622,687	632,792	423,343	359,241	432,245	2,470,30
11	<b>Total support.</b> Add lines 7 through 10						417,543,62
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	109,573,64
	First five years. If the Form 990 is f						
	check this box and <b>stop here</b>						-
	ection C. Computation of Publi						<u>-</u>
	Public support percentage for 2019 (li			olumn (f))		14	43.969 °
	Public support percentage for 2018 So					15	0 9
	6a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	st— <b>2019.</b> If the orgon meets the "facts	ganization did not -and-circumstance	check a box on line es" test, check this	e 13, 16a, or 16b, box and <b>stop he</b>	, and line 14 re. Explain	▶□
b	organization	st—2018. If the or	rganization did not acts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, o this box and <b>sto</b> j	or 17a, and line p here.	▶ □
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16		7b, check this box	and see	▶□

Р	art III Support Schedule for						
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)						
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  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						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  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

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. 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

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Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	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?					
		11a				
	A family member of a person described in (a) above?	11b				
	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.	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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					
2	operated, supervised, or controlled the supported 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.					
S	ection C. Type II Supporting Organizations					
_			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of					
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
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).					
_						
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				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
ı	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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's					
	involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$ . See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019:			_

9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2019 distributable amount		
i Carryover from 2014 not applied (see instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
<u></u> \$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to		

e From 2018. . . . . .

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 311, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u>      \$                              </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		

	See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
а	Excess from 2015		
b	Excess from 2016		
С	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

### Software ID: Software Version:

**EIN:** 23-1352621

Name: Bryn Mawr College

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

instructions).

Facts And Circumstances Test

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

# Political Campaign and Lobbying Activities

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

DLN: 93493103000151 OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. 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) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** Bryn Mawr College 23-1352621 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) ...... 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ..... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No Was a correction made? ..... 4a ☐ No ☐ Yes If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund of a political action committe	ee (PAC). If additional space is needed, p	provide informatio	n in Part IV.				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
1							
2							
3							
4							
5							
6							
or Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2019							

	dule C (Form 990 or 990-E2) 2019  rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi	led			P	age <b>3</b>
	Form 5768 (election under section 501(h)).				(1-)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)			(b)	
ctiv	ity.	Yes	No	4	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes			:	17,764
j	Total. Add lines 1c through 1i				:	17,764
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					
C	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)	(5), o	r secti	on		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	103	"
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)			on 5	01(c	)(6)
	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	ÌIÍ-A,	line 3	3, is	`	, ,
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).					
a	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				
P	art IV Supplemental Information					
Pro	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	A, lines	1 and	d 2 (se	ee
	Return Reference Explanation					
SCHI	EDULE C, PART II-B, Line 1 Bryn Mawr College maintains professional memberships with many exempt o	rganizat	ions tha	at as i	part of	their
20111	missions strive to represent the interests and viewpoints of higher education legislatures. Accordingly, a portion of the dues paid to these membership org may be attributable to lobbying activities. Some of these organizations are: Nand University Business Officers (NACUBO), Association of Independent Colle Pennsylvania (AICUP), American Association of University Women (AAUW), PLiberal Arts (PCLA), National Association of Student Financial Aid Administrat Association of College and University Attorneys (NACUA), National Association and Professionals (NACCOP), National Association for College Admission Cour University Professional Association for Human Resrouces (CUPA-HR), Consort Education (COFHE), Association of American Colleges and Universities (AAC&	to the nanizational ges and ennsylvations (NAS or of Cleroseling (ium on U).	ational ns is re Associa Univer: ania Coi SFAA), I ry Comp NACAC Financir	and s porter tion of sities nsorti Nation obliance ), Coll ng Hig	tate d here of Colle of um for nal e Offic ege ar	as it ege r the ers nd
	Schedule	C (For	m 990	or 99	OEZ)	2019

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493103000151

OMB No. 1545-0047

## **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.

Open to Public

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization n Mawr College				Emp	oloyer identific	ation	number	
ы у	n Mawr College				23-1	1352621			
Pa	organizations Maintaining Donor Advis				or Acc	ounts.			
	Complete if the organization answered "Ye	(a) Donor				(b) Funds and	other	accounts	
1	Total number at end of year	(a) Donor	auvise	u Turius		(b) runus anu	ouner a	accounts	
<u>.</u> 2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					funds are the		🗆	
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing or donor advisor, or	ng thai for an	t grant funds can y other purpose	be use		ole _	Yes 🗌 I	
Pa	rt III Conservation Easements.							Yes 📙 I	NO
	Complete if the organization answered "Ye	·							
1	Purpose(s) of conservation easements held by the organ	•	_ ``	• •					
	Preservation of land for public use (e.g., recreation	n or education)	∐ P —	reservation of ar	n histor	ically important	land a	irea	
	Protection of natural habitat		∐ P	reservation of a	certifie	d historic struct	ure		
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conservatio	n cont	ribution in the fo	rm of a	conservation			
	easement on the last day of the tax year.					Held at the	End o	f the Year	r
а	Total number of conservation easements				2a				
b	Total acreage restricted by conservation easements				2b				
С	Number of conservation easements on a certified historic		. ,		2c				
d	Number of conservation easements included in (c) acqui structure listed in the National Register				2d				
3	Number of conservation easements modified, transferre tax year •	d, released, extingui	shed,	or terminated by	the or	ganization durir	ig the		
4	Number of states where property subject to conservation		_			<u> </u>			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				of viola		<b>′</b> es	□ No	
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viol	lations	, and enforcing c	onserv	ation easement	s durin	g the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	s, and	enforcing conse	rvation	easements dur	ing the	year	
8	Does each conservation easement reported on line 2(d)	above satisfy the re-	quirem	ents of section 1	L70(h)(	4)(B)(i)			
	and section $170(h)(4)(B)(ii)$ ?						<b>Y</b> es	□ No	
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the orga							
Par	Organizations Maintaining Collections Complete if the organization answered "Ye				ner Si	milar Assets	-		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, edi	ucation	n, or research in					
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:	.6 (ASC 958), to repo	ort in it	s revenue stater					
(	(i) Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$			
	ii)Assets included in Form 990, Part X							24,980,072	:
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or othe	er simi	lar assets for fina		-			•
а	Revenue included on Form 990, Part VIII, line 1					. ▶\$			
b	Assets included in Form 990, Part X					. <b>▶</b> \$			-
or I	Paperwork Reduction Act Notice, see the Instruction	s for Form 990		Cat No.	52287	SD Schedule	D (Fo	rm 990\ 1	<u>-</u> 201

d Equipment .

Sche	dule D (Form 990) 2019									Page <b>2</b>
Par	t IIII Organizations Mainta	aining Collections o	of Art, Histo	rical Tı	easures,	or Other S	imilar Ass	sets (conti	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	✓ Public exhibition		d	<b>✓</b>	Loan or exc	change progr	ams			
b	Scholarly research		е		Other					
С	✓ Preservation for future gen	erations								
4	Provide a description of the organ Part XIII.	nization's collections and	l explain how t	hey furtl	er the orga	nization's exe	empt purpos	e in		
5	During the year, did the organiza assets to be sold to raise funds ra							☐ Yes	☑ N	0
Pa	<b>Escrow and Custodia</b> Complete if the organiz X, line 21.		" on Form 99	0, Part	IV, line 9,	or reported	l an amour			
1a	Is the organization an agent, trus included on Form 990, Part X? .							☐ Yes	□ N	o
b	If "Yes," explain the arrangement	t in Part XIII and comple	ete the followin	ıa table:			An	nount		_
С	Beginning balance	•		_		1c				_
d	Additions during the year					1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
2a	Did the organization include an a	mount on Form 990, Par	rt X, line 21, fo	r escrow	or custodia	l account liab	ility?	☐ Yes	$\square$ N	0
b	If "Yes," explain the arrangement	in Part XIII. Check her	e if the explana	ation has	heen provid	ded in Part XI	, II	П		
	rt V Endowment Funds.	THE GIVE ALLE	e ii die explaite	3010111102	been provid	aca mirare XI				
	Complete if the organiz	zation answered "Yes	" on Form 99	0, Part	IV, line 10	).				
	<u> </u>	(a) Currer	nt year (b)	Prior yea	r <b>(c)</b> Tw	o years back (	<b>d)</b> Three year	s back (e)	Four yea	rs back
<b>1</b> a	Beginning of year balance	925	,190,917	933,991	,646	887,633,825	837,1	86,199	904,3	324,032
b	Contributions		,795,015	25,129	·	28,683,671	<u> </u>	79,934		506,165
C	Net investment earnings, gains, ar	d losses 17	,392,216	22,985	,079	73,877,705	93,0	09,031	-27,7	724,711
d	Grants or scholarships	8	,654,440	8,286	,493	8,072,607	7,9:	24,869	7,5	181,738
e	Other expenditures for facilities and programs	40	,603,781	40,078	,955	39,059,760	37,3	62,840	34,3	349,919
f	Administrative expenses	8	,108,900	8,549	,746	9,071,188	8,2	53,630	6,3	387,630
g	End of year balance	901	,011,027	925,190	,917	933,991,646	887,6	33,825	837,	186,199
2 a b c	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ► 43.660 %  Permanent endowment ► 32.820 %  Temporarily restricted endowment ► 23.520 %  The percentages on lines 2a, 2b, and 2c should equal 100%.									
3а	Are there endowment funds not in organization by:	i the possession of the o	organization th	iat are h	eid and adm	imistered for	uie		Yes	No
	(i) unrelated organizations .							3a(i)		No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(ii), are the related	organizations listed as r	required on Sch	nedule R	?			3b		
4	Describe in Part XIII the intended	uses of the organizatio	n's endowmen	t funds.						
Pa	rt VI Land, Buildings, and Complete if the organiz		" on Form 99	0 Part	TV line 11	a See Forn	n 990 Part	t X line 1	0	
		(a) Cost or other basis (investment)	(b) Cost or oth		<del></del>	Accumulated de		<u> </u>	ook value	e
12	Land			9.20	2,025				с	9,292,025
	Buildings	1		340,13		1,5	31,909,923			3,221,915
	bandings			5 10,11	_,555		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

57,801,849

6,234,582

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

25,000,713

1,843,294

194,357,947

32,801,136

4,391,288

	(a) Description of security or category	(b) Book value	.1b.See Form 990, F	d of valuation:	
	(including name of security)	(b) book value		or valuation: year market value	
	I derivatives				
<b>3)</b> Other A) PRIVATE		245,065,011		F	
	SETS (NON-MARKETABLE)	84,048,000		F	
C)	SELS (NON-MARKETABLE)	84,048,000		<u>r</u>	
D)					
E)					
F)					
G)					
H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>▶</b> 329,113,011			
art VIII	Investments—Program Related.	, ,			
	Complete if the organization answered 'Yes' on  (a) Description of investment	Form 990, Part IV, line 1	(b) Book value	Part X, line 13.  (c) Method of valuat	ion:
	(1)		(2,22222	Cost or end-of-year m value	
1)					
2)					
3)					
4)					
5)					
6)					
<del>,</del> 7)					
3)					
9)					
otal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		<b>▶</b>		
	Other Assets.				
	Complete if the organization answered 'Yes' on				Ie .
Part IX				t X, line 15.  (b) Book valu	ıe
Part IX	Complete if the organization answered 'Yes' on				ıe
Part IX	Complete if the organization answered 'Yes' on				ne
Part IX 1) 2) 3)	Complete if the organization answered 'Yes' on				ne
2) 3)	Complete if the organization answered 'Yes' on				Je
Part IX  1) 2) 3) 4)	Complete if the organization answered 'Yes' on				ıe
Part IX  1)  2)  3)  4)  5)	Complete if the organization answered 'Yes' on				Je
Part IX  1)  2)  4)  5)	Complete if the organization answered 'Yes' on				ıe
Part IX  1) 2) 3) 4) 5) 7)	Complete if the organization answered 'Yes' on				Je
2) 3) 4) 5) 7) 8)	Complete if the organization answered 'Yes' on (a) Descripti			(b) Book valu	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)	Complete if the organization answered 'Yes' on	on		(b) Book valu	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  8)  9)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value	Je
2) 3) 4) 5) 8) otal. (Columnatus)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on (a) Description of	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value    Page	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  Part X  1) Federal i	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value	Je
Part IX  1)  2)  3)  4)  5)  6)  Otal. (Columnation of the columnation	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of income taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25.  (b) Book value  0	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Otal. (Column Part X  1) Federal i 2) ANNUITY 3) OTHER L 4)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
2) 3) 4) 5) 6) 7) 8) Otal. (Column Part X  1) Federal i 2) ANNUITY 3) OTHER L 4) 5)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  Part X  1) Federal i 2) ANNUITY 4)  5)  6)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  Part X  1) Federal i 2) ANNUITY 4)  5)  6)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X  1) Federal i 2) ANNUITY	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  Part X  .  1) Federal i  2) ANNUITY  3) OTHER L  4)  5)  6)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je
Part IX  1)  2)  3)  4)  5)  6)  7)  8)  Part X  .  1) Federal i 2) ANNUITY 3) OTHER L  4)  5)  6)  7)	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on  (a) Description of ncome taxes	on  Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  0 7,023,545	Je

2

3

4

b

C 5

1

2

C

d

е 3

b

Part XIII

4

5

Part XII

Schedule D (Form 990) 2019

Page 4

-87,796,745

194,774,537

9,310,686

204,085,223

121,903,151

121,903,151

50,481,686

172.384.837

Schedule D (Form 990) 2019

	Donated Services and ase of facilities	•	•
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . .

Prior year adjustments . . . . . .

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

Subtract line 2e from line 1 . . . . . . . . . . .

Other (Describe in Part XIII.) . . . . . . . Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

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

Add lines 2a through 2d .

Return Reference

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total expenses and losses per audited financial statements . . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . Donated services and use of facilities

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

2b Add lines 2a through 2d . . . . . . .

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

-41,171,000 9,310,686

-46.625.745

2e 3 4c

5

2e

3

4c

5

9,310,686

41,171,000

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

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

## **Additional Data**

## Software ID:

Software Version:

**EIN:** 23-1352621

Name: Bryn Mawr College

Supplemental Information

Return Reference

Explanation

Schedule D, Part III, Line 4

The College's art and artifact collections number more than 50,000 objects. These collections encompass five areas: fine arts and music; archaeology; decorative arts; and geology. The collections enhance the mission of Bryn Mawr College and serve as a resource for diver se academic departments, including History of Art, Classics, Anthropology, Fine Arts, Grow th 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.

Supplemental Information	
Return Reference	Explanation
	The College's endowment funds consist of both donor restricted and board designated funds. The endowment supports grants, instructional and research programs, lectures, library pur chases, and general operations.

S

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 FOOTNOTE The College has been granted tax-exempt status as a non-profit organizatio n under Section 501(c)(3) of the Internal Revenue Code, and accordingly, files annually fe deral tax Form 990 (Return of Organization Exempt from Income Tax). The College also files federal tax Form 990-T (Exempt Organizations Business Income Tax Return). The College mon itors and evaluates its activities for unrelated business income. The Tax Cuts and Jobs Ac t (the Act) was enacted on December 22, 2017. The Act impacts the College in several ways, including a new excise tax on net investment income, increases to unrelated business taxa ble income (UBTI) by the amount of certain fringe benefits for which a deduction is not al lowed, changes to the net operating loss rules, repeal of the alternative minimum tax (AMT ), and the computation of UBTI separately for each unrelated trade or business. The Colleg e has used the published federal guidance to estimate the tax liability that the ACT has c reated for the years ending with May 31, 2020 and May 31, 2019.

upplemental Information	
Return Reference	Explanation
	Line 2d: Discounts for tuition, room, and board (\$41,171,000) (Reclass) Line 4b: Discounts for tuition, room, and board \$41,171,000 (reclass)

Su

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103000151 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **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, 1 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes 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: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . 5g Νo 5h No 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 b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . No 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. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

chedule E (Form 990 or 990EZ) (2019)	Page 2								
<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.									
Return Reference	Explanation								
Schedule E, Part I, Line 3	Bryn Mawr College's policy is posted on its website and contained in printed enrollment materials provided to all prospective students.								
Schedule E, Part I, Line 6a	Bryn Mawr College receives federal, state, and local government funding for financial aid, program support, and research.								

Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ment of	Activities (	Outside the Un	ited Stat	es	OMB No. 1545-0047
(Form 990) Department of the Treasury	► Comple	plete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, ↓  ▶ Attach to Form 990.  ▶ Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public Inspection
nternal Revenue Service  Name of the organization					Em	ployer iden	tification number
Bryn Mawr College					23.	-1352621	
<b>General Inf</b> Form 990, Pa			Outside the U	Jnited States. Comple			nswered "Yes" on
other assistance, the	grantees'	eligibility for th	ne grants or assis	substantiate the amoun stance, and the selectior	criteria used	d	☑ Yes ☐ No
2 For grantmakers. outside the United S		Part V the orga	anization's proce	dures for monitoring the	e use of its gr	ants and otl	her assistance
3 Activites per Region.	(The followin	g Part I, line 3	table can be dupli	icated if additional space is	s needed.)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity li program serv specific service(s) in	ice, describe type of	(f) Total expenditures for and investments in the region
See Add'l Data							
3a Sub-total b Total from continuation	n sheets to		6				1,755,478
Part I	nd 2h)		1 7				226,699,042 228,454,520
c Totals (add lines 3a ar							

Cat. No. 50082W Schedule F (Form 990) 2019

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

Part III can be du				(-) M	(6) A 6	(-) December	(I-) Mathadas
Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
See Add'l Data							

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>√</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>√</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>✓</b> Yes	□No

Schedule F (Fo	rm 990) 2019 Page <b>5</b>
F a r	Eupplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting nethod); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
990 Schedu	le F, Supplemental Information
Return Reference	Explanation
Schedule F, Part I, Line 2	Bryn Mawr College Students must submit an application to participate in the Study Abroad Program. The program office maintains a list of foreign institutions which meet the academic requirements of the College. A committee reviews and approves each application. Students enrolled in a study

monitored by advisors through reports and measurement of academic progress.

abroad program are billed College tuition and all financial aid for study abroad is posted to students accounts at the College. The College remits tuition payments directly to the overseas program on behalf of the students. Graduate students who receive fellowships to pursue research overseas are

## **Additional Data**

Central America and the

Caribbean

## Software ID: Software Version:

**EIN:** 23-1352621

Name: Bryn Mawr College

Rsrch/Prof Development

3,070

Form 9	990 S	schedule	F Part I	- Activities	Outside T	he United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the			Program Services	Curriculum	41,103

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Central America and the Program Services Study Abroad 800 Caribbean Fundraising 5,786 East Asia and the Pacific

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Curriculum 56,221 IProgram Services East Asia and the Pacific Program Services Recruiting 3,748

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) East Asia and the Pacific Rsrch/Prof Development 12,144 IProgram Services East Asia and the Pacific Program Services Study Abroad 77,982

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Fundraising 17,694 Greenland) Europe (Including Iceland and Curriculum 78.942 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services Fellowships 40,633 Greenland) Europe (Including Iceland and Recruiting 7.938 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and Program Services Rsrch/Prof Development 211,923 Greenland) Europe (Including Iceland and Study Abroad 983,967 Program Services Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 135,500 6 Program Services Summer Language School Greenland) Middle East and North Africa 66,657 Program Services Curriculum

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Fellowships 11,370 IProgram Services Middle East and North Africa Program Services Recruiting

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Middle East and North Africa Rsrch/Prof Development 4,994 IProgram Services Middle East and North Africa Program Services Study Abroad 33,120

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Fundraising 2,804 North America Program Services lCurriculum | 1,601

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) North America Fellowship 5.973 IProgram Services North America Program Services Recruiting 1,569

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America Program Services Rsrch/Prof Development 15,562 Russia and the Newly Program Services Curriculum 472 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly Program Services Fellowships 60,564 Independent States Russia and the Newly Recruiting 651 Program Services Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Russia and the Newly Program Services Rsrch/Prof Development 11,362 Independent States Russia and the Newly Study Abroad 63,360 Program Services Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Fundraising 230 South America Program Services lCurriculum | 2,637

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Rsrch/Prof Development 11,880 IProgram Services South America Program Services Study Abroad 105,463

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Fundraising 28,415 South Asia Program Services Fellowships 1,950

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South Asia Recruiting 111 IProgram Services South Asia Program Services Study Abroad 32,717

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Curriculum 19,545 1 Program Services Sub-Saharan Africa Program Services Fellowships 2,995

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa Rsrch/Prof Development 10,197 IProgram Services Sub-Saharan Africa Program Services Study Abroad 53,209

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Program Services Curriculum 1.875 Central America and the Investments 211,813,481 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 10,760,272 Investments Greenland) North America 3,652,028 Investments

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance of cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) FELLOWSHIP AND 40,633 BANK CHECK IFMV |Europe PRIZES (Includina Iceland and (Greenland FELLOWSHIP AND 60,564 BANK CHECK IFMV Russia and the PRIZES lNewly Independent States

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S								
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
PRIZES	Middle East and North Africa	14	11,370	BANK CHECK			FMV	
FELLOWSHIP AND PRIZES	North America	3	5,973	BANK CHECK			FMV	

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) FELLOWSHIP AND 1,950 BANK CHECK IFMV South Asia PRIZES FELLOWSHIP AND 2.995 BANK CHECK IFMV Sub-Saharan PRIZES Africa

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934931030001				
Note: To capture the full co	ontent of this de	ocument, please se	lect landscape mode	e (11" x 8.5") whe	n printing.							
Schedule I		Outside and O		O	-4!			DMB No. 1545-0047				
(Form 990)			ther Assistance		•			2019				
`	(	Governments :	and Individuals	s in the Unite	d States			<b>2019</b>				
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public				
Department of the Treasury		► Go to www	► Attach to Form v.irs.gov/Form990 for		nn.			Inspection				
Internal Revenue Service		P GO to <u>WW</u>	<u> </u>	the latest information	<b>7111</b>							
Name of the organization Bryn Mawr College							Employer identific	cation number				
Bryll Mawr College							23-1352621					
Part I General Informa	ation on Grants	and Assistance										
1 Does the organization main						ce, and						
the selection criteria used t	o award the grants	or assistance?						✓ Yes				
2 Describe in Part IV the orga	nization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.								
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes'	" on Forr	n 990, Part IV, line	e 21, for any recipient				
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		Description of cash assistance	(h) Purpose of gran or assistance				
(1) FOUNDATION FOR COMMUNITY SERVICES 814 YARROW STREET BRYN MAWR, PA 19010	23-2844309	501(c)(3)	37,500					OPERATIONAL SUPPORT				
(2) AMERICAN COUNCILS FOR INTERNT'L EDUC 1776 MASSACHUSETS AVE WASHINGTON, DC 20036	52-1067256	501(c)(3)	4,618,149					FOREIGN LANGUAGE TRAINING				
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				▶					
3 Enter total number of other	organizations listed	d in the line 1 table					<b>&gt;</b>					
For Panerwork Reduction Act Notice	e see the Instruction	ns for Form 000		Cat No. 50055	SD		Sch	nedule I (Form 990) 2019				

## (6)

- (7)

Part IV Return Reference

Explanation

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

Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49310	3000	151
Sch	edule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047
(Form 990) For cert		For certain Office		hest				
		► Complete if the org		ated Employees /ered "Yes" on Form 990, Part IV,	, line 23.	20		)
D		-	▶ Attach	to Form 990. instructions and the latest inforn	<u> </u>	Openi		
•	tment of the Treasury al Revenue Service	F do to <u>www.ms.go</u>	<u>v/1 01111990</u> 101	metractions and the latest miori		Insp	ectio	n
	n <mark>e of the organiza</mark> n Mawr College	ation			Employer identifica	tion nu	ımber	
					23-1352621			
Pa	rt I Questi	ons Regarding Compensat	tion					
<b>1</b> a				f the following to or for a person lister			Yes	No_
		ection A, line 1a. Complete Part	. –	y relevant information regarding thes	se items.			
		or charter travel	<b>⊻</b>	Housing allowance or residence for	•			
		companions nification and gross-up payments		Payments for business use of person Health or social club dues or initiation				
		ary spending account	· •	Personal services (e.g., maid, chauf				
		ary spending decoding	_	rersonar services (eigr, maia, enaar	reary errery			
b				follow a written policy regarding pays ve? If "No," complete Part III to expla		1b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lir	ne 1a?	2	Yes	
	directors, truste	es, officers, including the CLO/L	xecutive Directo	r, regarding the items cheeked on Lin	ic id:			
3				ed to establish the compensation of the not check any boxes for methods	ne			
				CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				
	_ '	ent compensation consultant	<b>▽</b>	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
c			,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	plicable amounts for each item in Part	: 111.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	the organization pay or accrue any				
	•	ontingent on the revenues of:						
a		1?				5a		No
b		anization?				5b		No_
6	For persons liste	•		the organization pay or accrue any				
а	The organization	1?				6a		No
b	-					6b		No
	•	6a or 6b, describe in Part III.						
7	For persons liste payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did s," describe in Pa	the organization provide any nonfixed rt III	d 	7	Yes	
8	subject to the ir	itial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
	in Part III .     .					8		No
9				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1990)	2019

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

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title			kdown of W-2 and/o compensation		(C) Retirement and other	1	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			

Schedule J (Form 990) 2019	Page <b>3</b>
Part III Supplemental In	formation
Provide the information, explanatio	n, 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 is occasionally allowed for international flights and rail transportation. As a condition of employment, the President is required to reside in College-owned housing. The residence must be and is used for College business and College-sponsored functions. The estimated value of the President's housing is excluded from taxable income but disclosed on Schedule J, Column D, Nontaxable benefits \$41,650. A housing expense allowance is provided. The President was provided taxable income in lieu of a pension contribution for which the College also provided a gross-up payment for taxes. These payments are reported in column b(iii).
Schedule J, Part I, Line 7	The College reports non-fixed payments on Schedule J, Part II. Bonuses, as reported in column B(ii), are based on a number of variables such as individual goal achievements, operational achievements, or temporary assumptions of extra duties. Bonuses are determined as part of the overall compensation review. The Executive Committee of the Board approves any bonuses for the Position 1.0 An additional non-fixed payment, taxable income in lieu of a College pension

contribution, is reported in column b(iii). Refer to the explanation for Line 1A.

Schedule 1 (Form 990) 2019

Professor

Software ID:

**Software Version:** 

EIN: 23-1352621

Name: Bryn Mawr College Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 1Kimberly E Cassidy 473,526 (i) 40,000 28,274 28,000 96,867 666,667 President of the College (ii) 1Kari Fazio (i) 270,549 27,159 9,479 307,187 CFO and CAO 2Ruth Lindeborg (i) 167,767 17,767 36,005 221,539 Secretary of the College 3Samuel B Magdovitz (i) 195,013 19,550 7,657 222,220 College Counsel (ii) 4Mary Osirim (i) 237,815 24,435 50,158 312,408 Provost and Professor (ii) 5Cheryl Lynn Horsey (i) 179,343 18,301 19,904 217,548 Chief Enrollment Officer 6Robert A Miller (i) 273,635 27,400 8,67 309,712 Chief Alum Relations & Dev 7Gina Siesing (i) 192,905 19,479 10,177 222,561 CIO and Director of Libraries 8Jennifer Walters (i) 179,046 18,374 21,112 218,532 Dean of Undergraduate College (i) 9Robert J Dostal 203,358 20,251 15,583 239,192 Professor and Interim Provost (ii) 10Deepak Kumar (i) 204,112 20,699 11,240 236,051 Professor 11Grace Armstrong (i) 177,975 17,902 9,479 205,356 Professor 12Darlyne Bailey (i) 213,326 21,447 9,544 244,317 Professor 13Janet Shapiro Eisenberg (i) 178,004 17,644 195,987 339 Dean Of GSSWSR and

Schedule K

(Form 990)

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Supplemental Information on Tax-Exempt Bonds** ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

DLN: 93493103000151

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Brvn Mawr College 23-1352621 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No PA Hgh Ed Fac At Bryn Mawr 23-2243852 70917RF75 05-26-2010 15,962,636 current refund Ser.1999;issue cost Χ Χ Χ College Series 2010 PA Hgh Ed Fac At Bryn Mawr 23-2243852 70917SCS0 11-29-2012 15,543,415 current refund Ser.2002;issue cost Χ Χ College Series 2012A PA Hgh Ed Fac At Bryn Mawr 23-2243852 70917SKZ5 07-09-2014 57,487,399 cptl project;issue cost;adv.rfnd S Χ Χ Χ College Series 2014 Mntamry Cnty Ind Dev Auth 23-2245125 61361RAF2 06-01-2017 22,248,671 Crnt refunding of PHEFA Series 200 Bryn Mawr Series 2017 Part II **Proceeds** C D В 6,270,000 3,965,000 2 Total proceeds of issue . 3 . . . . . . . . . . . . . . . . . . 15,962,636 15,543,413 57,700,349 22,248,671 4 5 2,566,735 6 302,627 223,059 464,162 78,671 8 0 9 0 10 5,008,316 30,181,823 11 15,660,009 24,487,629 22,170,000 10,312,038 12 13 2010 2014 2017 2017 Yes Yes Yes Yes No No No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Χ Χ Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ Χ Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🎹 Yes Yes No Yes No No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property

Х

Χ

Χ

Cat. No. 50193E

Χ

Χ

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019

За

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

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Yes

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Yes

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Schedule K (Form 990) 2019

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If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

counsel to review any research agreements relating to the financed property?

hedge with respect to the bond issue?

Was the hedge superintegrated? . . . . . .

Term of hedge . . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Yes

Χ

No

Explanation Pennsylvania Higher Educational Facilities Authority Bryn Mawr College Series 2014 Arbitrage rebate calculated 8/9/17; negative arbitrage as of 6/30/17, therefore no rebate deposit necessary. Montgomery County Industrial Development Authority Bryn Mawr Series 2017 Arbitrage rebate calculated 10/16/2017; no rebate

liability through the end of the computation period ending 6/1/2022. Pennsylvania Higher Educational Facilities Authority Bryn Mawr College Series 2019 Arbitrage

Page 3

Χ

D

Nο

Yes

Χ

C

Nο

Yes

Χ

В

No

Yes

Were gross proceeds invested in a guaranteed investment contract Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

rebate calculated 11/6/20; negative arbitrage as of 9/5/20, therefore no rebate deposit necessary.

Schedule K (Form 990) 2019

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

requirements of section 148? . . .

Return Reference

(GIC)?

period?

Part V

Part VI

PART IV. Line 2c

DLN: 93493103000151 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** Bryn Mawr College 23-1352621 Part I **Bond Issues** (f) Description of purpose (b) Issuer EIN (c) CUSIP # (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No PA Hgh Ed Fac At Bryn Mawr 23-2243852 70917S4X8 09-05-2019 30,327,611 Crnt refunding PHEFA Series Χ Χ College Series 2019 2010A: **Proceeds** Part  ${f II}$ В C D Α 2 3 32,037,700 5 6 7 86,721 8 9 10 11 22,877,800 12 9,073,179 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2** 

D

D

Schedule K (Form 990) 2019

No

Yes

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0 %

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Χ

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Yes

В

No

Χ

В

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C

No

Yes

Enter the percentage of financed property used in a private business use by entities other than

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Х

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

9	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		
b	Name of provider	0			

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

,

Yes

Χ

No

Yes

Page 3

No

D

D

No

Yes

Yes

Yes

No

No

Yes

Nο

DLN: 93493103000151 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Bryn Mawr College 23-1352621 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 106 4,890,382 fair market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . Χ 148,480 appraised value 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2								
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation								
	PART I, COLUMN (B) NUMBER OF CONTRIBUTIONS: THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS. PART I, LINE 18 COLLECTIBLES: The College's Collection were enhanced by contributions of African art and Inuit ivory objects. Part I, Line 32b Third Party Assistance of Noncash Contributions: The College uses a broker to handle receipt and sale of donated securities. Sale proceeds, transactions statements, and monthly reports are sent to the College.								
	Schedule M (Form 990) (2019)								

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493103000151					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for resp. Form 990 or 990-EZ or to provide an Attach to Form 990	onses to specific questions on y additional information. Open to Public					
Namel & the of g Bryn Mawr College 990 Schedul	e O, Supplemental Information	Employer identification number 23-1352621					
Return Reference	Expl	anation					
Form 990, Part VI, Section B, Line 11b	orm 990 was prepared by an external independent accounting firm. Form 990-T was prepared y the same independent accounting firm. A copy of the draft of Form 990 was reviewed by m nagement and any changes were made. The Audit Committee reviews the form and related sche ules and each committee member affirms either that the forms are acceptable or that chang s are needed. All committee members are informed of the substantive changes made during t is process and before the date of filing. BEFORE FORM 990 IS FILLED, THE FULL BOARD OF TR ISTEES IS PROVIDED AN OPPORTUNITY TO REVIEW THE FINAL COPY WITH THE EXCEPTION OF SCHEDULE, WHICH IS WITHHELD TO PRESERVE DONOR ANONYMITY.						

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The College has a formal process for determining compensation for the chief executive (Pre sident), 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 recommend ations 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 Explanation

990 Schedule O, Supplemental Information

Line 19

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103000151 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Bryn Mawr College 23-1352621 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. **(g)** Section 512(b) (b) (a)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it h	ıad
_	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)	<b>(d)</b> Direct controlling entity	(e) Predominincome(re unrelaided excluded tax und sections 514)	lated, ed, from der 512-	<b>(f)</b> Share of total income	(g) Share of e end-of-year assets	( <b>f</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part		<b>(k)</b> Percentage ownership
									Yes	No		Yes	No	
													$\vdash$	
Part IV Identification of Related Organization							ation ans	wered "Yes	s" on F	orm 9	990, Part IV	/, line	34	
because it had one or more related orga	(b)	<u>-</u>		ist during t	(d)		(e)	(f)	_	(g)	(1	• • • • • • • • • • • • • • • • • • • •		(i)
(a) Name, address, and EIN of related organization	Primary activity	don (state o	c) gal nicile or foreign ntry)	Dire	entity	Type (C corp	of entity o, S corp, trust)	Share of total income	Share	of end year assets	-of- Perce	ntage ership	(13	ction 512(b) 3) controlled entity?
(1)Remainder Trusts (total 23)	chrtable trst		Α	na		Trust			+				<b></b>	Yes No
c/o Bryn Mawr College 101 N Merion Bryn Mawr, PA 19010														
(2)Charitable Income Trusts (total 14)	chrtable trst	Р	Α	na		Trust								No
c/o Bryn Mawr College 101 N Merion Bryn Mawr, PA 19010														
(3)Charitable Remainder Unitrusts(total 16)	chrtable trst	M	IA	na		Trust								No
c/o State Street Global Adv 1 Iron Boston, MA 02210														
(4)Charitable Gift Annuity Fund (total 1)	chrtable trst	M	IA	na		Trust								No
c/o State Street Global Adv 1 Iron Boston, MA 02210														
(5)Charitable Pooled Income Fund (total 1)	chrtable trst	M	IA	na		Trust								No
c/o State Street Global Adv 1 Iron Boston, MA 02210														
(6)Charitable Pooled Grwth Inc Fd (total 1)	chrtable trst	M	IA	na		Trust								No
c/o State Street Global Adv 1 Iron Boston, MA 02210														

Page **3** 

Transactions With Related Organizations.	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 34, 35b, or 36	٠.

				1a 1b	Yes	No No		
ot of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
rant, or capital contribution to related organization(s)								
rant, or capital contribution from related organization(s)				<b>1</b> b		No		
						1		
or loan guarantees to or for related organization(s)		Gift, grant, or capital contribution from related organization(s)						
	<b>1</b> Loans or loan guarantees to or for related organization(s)							
or loan guarantees by related organization(s)				1e		No		
nds from related organization(s)				<b>1</b> f		No		
f assets to related organization(s)				<b>1</b> g		No		
ase of assets from related organization(s)			•	1h		No		
ge of assets with related organization(s)			•	1i		No		
of facilities, equipment, or other assets to related organization(s)				1j		No		
of facilities, equipment, or other assets from related organization(s)				1k		No		
nance of services or membership or fundraising solicitations for related organization(s) $\dots$ . $\dots$				11		No		
m Performance of services or membership or fundraising solicitations by related organization(s)						No		
g of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
g of paid employees with related organization(s)				10		No		
ursement paid to related organization(s) for expenses				<b>1</b> p		No		
ursement paid by related organization(s) for expenses				<b>1</b> q		No		
transfer of cash or property to related organization(s)				1r		No		
transfer of cash or property from related organization(s)				1s	Yes			
answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered r	elationships and tran	saction thresholds.					
(a) Name of related organization	(b) Transaction	(c)	(d) Method of determining amount involved					
	of assets to related organization(s)	of assets to related organization(s)	Inge of assets with related organization(s)	assets to related organization(s)	In assets to related organization(s)	In assets to related organization(s)		

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019			Page <b>5</b>		
Part VII	Supplemental Info	iformation			
Provide additional information for responses to questions on Schedule R. (see instructions).					
Return Reference		Explanation			