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Department of the

Internal Revenue Service

Treasury

Return of Organization Exempt From Income Tax

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

To not enter social societies numbers on this form as it may be made public

 \blacktriangleright Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

DLN: 93493102006141

2019

Open to Public Inspection

A Fo	r the	e 2019 c	alendar year, or tax year begir	nning 07-01-2019 , and ending 06-	-30-202	20			
3 Chec	ck if an	pplicable:	C Name of organization				D Employ	er identif	ication number
		change	BRIDGEWATER COLLEGE				54-0506	5306	
□ Nar		_	Doing business as				-		
	ial ret	:urn n/terminated	_						
		return	Number and street (or P.O. box if m	nail is not delivered to street address) Room/	'suite		E Telephon	e number	
□ App	olicatio	on pending	402 EAST COLLEGE STREET				(540) 8	28-5487	
				ntry, and ZIP or foreign postal code					
			BRIDGEWATER, VA 22812				G Gross re	ceipts \$ 8	7,305,691
			F Name and address of principa	al officer:	H(a) Is th	is a group re	turn for	
			DAVID W BUSHMAN 402 EAST COLLEGE STREET				rdinates?		□Yes 🗹 No
			BRIDGEWATER, VA 22812		H(b		all subordinat ded?	es	☐ Yes ☐No
[Tax	-exen	npt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) 4947(a)(1) or 527				ist. (see	instructions)
) W	ebsit	e:▶ WV	VW.BRIDGEWATER.EDU		⊣ н(c) Grou	p exemption	number	>
K Forn	n of or	ganization	: 🗹 Corporation 🔲 Trust 🔲 Asso	ociation	L Yea	r of forn	nation: 1880	M State	of legal domicile: VA
Pa	rt I		mary						
_			scribe the organization's mission of ATER COLLEGE IS A PRIVATE, CO	er most significant activities: EDUCATIONAL, RESIDENTIAL, LIBERAL	. ARTS C	OLLEG	E OF APPROX	IMATELY	1900 STUDENTS
)ce	_		,	,					
nai	-								
Activities & Governance		CL 1.11				25/			
95			of voting members of the governi	scontinued its operations or disposed of ng body (Part VI, line 1a)	more ti	1an 25°	% of its net a	ssets.	27
×đ				f the governing body (Part VI, line 1b)				4	26
les			· -	llendar year 2019 (Part V, line 2a)				5	1,022
M			mber of volunteers (estimate if ne	, , , , , , , , , , , , , , , , , , , ,	· . · .			6	290
ACI			•	t VIII, column (C), line 12				7a	243,982
				m Form 990-T, line 39				7b	98,160
				, ,		Pı	ior Year	1-	Current Year
	8	Contribut	tions and grants (Part VIII, line 1h)		•	6,665,0	175	5,746,866
ēΕ			- , , , , ,)	_		83,141,9		76,910,359
Ravenue		-	ent income (Part VIII, column (A),				4,462,3		2,970,259
æ			venue (Part VIII, column (A), lines				888,8		990,787
				ust equal Part VIII, column (A), line 12)			95,158,2		86,618,271
			nd similar amounts paid (Part IX, o				43,332,1	_	42,085,879
			, ,	olumn (A), line 4)			+5,552,1	0	12,003,079
				enefits (Part IX, column (A), lines 5–10)			26,475,8	_	24,964,932
ses		•	onal fundraising fees (Part IX, colu	, , , , , , , , , , , , , , , , , , , ,			20,473,0	0	24,304,332
Expenses			raising expenses (Part IX, column (D),	, ,,					
Ŧ			penses (Part IX, column (A), lines	· · · · · · · · · · · · · · · · · · ·			25,018,9	974	25,869,922
			penses. Add lines 13–17 (must equ	•			94,826,9		92,920,733
			·	om line 12			331,2		-6,302,462
2.0	19	Revenue	ress expenses. Subtract file 10 fr	on me 12	B	eainnin	g of Current Y		End of Year
Net Assets or Fund Balances						.	,		
SS 8 Bak	20	Total ass	ets (Part X, line 16)				223,147,9	924	220,158,848
절	21	Total liab	oilities (Part X, line 26)				65,530,7	719	70,615,019
žΞ	22	Net asse	ts or fund balances. Subtract line	21 from line 20			157,617,2	205	149,543,829
	rt II		ature Block						
				iined this return, including accompanyir :. Declaration of preparer (other than of					
any ki			in the strate, confect, and complete	Beclaration of preparer (other than or	111661713	Duscu		3011 01 1	Which preparer has
		1					24 24 42		
		Signat	* ture of officer			Da	21-04-12 ite		
Sign Here		, "							
nere	i		B KEELER VP FOR FINANCE & TREASUR or print name and title	ER					
		17	Print/Type preparer's name	Preparer's signature	Date	1		PTIN	
Paic				1. Spa. 5. 5 Signature	2021-04		ieck 🗀 if F	20064744	6
		, F	Firm's name BROWN EDWARDS & 0		<u> </u>		lf-employed rm's EIN ▶ 54-	0504608	
Prep		;; -							
Use	UII	עי ד	Firm's address > 1715 PRATT DRIVE SU	ITE 2700		Ph	ione no. (540)	443-3606	
			BLACKSBURG, VA 240	060					
VI-14 +I	- TD	،نام	this return with the preparer sho	1 2 () 1 1 1					/es DNo

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)					Page 2
Pa	rt Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:				
THE LIVE: BEEN	GROWTH OF ITS STUD S IN A GLOBAL SOCIE INSPIRED BY ITS HIS	DENTS AND EMPOWERS TY. THE COLLEGE EMB STORY WITH THE CHUR	S AND MOTIVATI RACES THE COR RCH OF THE BRE	ES THEM TO LIVE EDUC. E VALUES OF INTEGRIT THREN. THE COLLEGE I	IG AND SUPPORTIVE LEARNING ATED, INTELLIGENT, HEALTHY, Y, EQUALITY, SERVICE AND CO IS A WELCOMING, DIVERSE ANI TIVELY ENGAGING ALL OF ITS I	PURPOSEFUL AND ETHICAL MMUNITY, WHICH HAVE D VIBRANT COMMUNITY,
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	hich were not listed on	
	the prior Form 990 o	r 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sc	hedule O.			
3	Did the organization	cease conducting, or n	nake significant	changes in how it condu	ıcts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section 501(c)(3) an		ons are required	to report the amount o	largest program services, as me of grants and allocations to other	
4a	(Code:) (Expenses \$	58,434,142	including grants of \$	42,085,879) (Revenue \$	63,071,882)
	See Additional Data					
4b	(Code:) (Expenses \$	8,014,497	including grants of \$) (Revenue \$	15,505,757)
	See Additional Data					
4c	(Code:) (Expenses \$	11,704,523	including grants of \$) (Revenue \$	1,595)
	See Additional Data					
	(Code:) (Expenses \$	6,413,233	including grants of \$) (Revenue \$	14,735)
	INFORMATION TECHNO		E OF CAREER SERV		ENTER, ALEXANDER MACK LIBRARY, SUPPORT CENTER. REVENUES OF \$14	
4d	Other program servi	ces (Describe in Sched	ule O.)			
	/F	6,413,233 inc	luding grants of	¢) (Revenue \$	14,735)
	(Expenses \$	0,415,255 1110	rading grants or	<u> </u>) (Revenue \$	11,733)

101111				rage 3
Par	t IV Checklist of Required Schedules		Voc	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Schedule A 🖼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 3	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 2	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," complete Schedule D,</i> 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 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		No
	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	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦	11f	Yes	
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	امما	'	l No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Νo

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Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			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	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No
26	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 2	26		No
27	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	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance	· · · · ·	'	
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
4	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable 14-1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2,541 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5
	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			
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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: CJ	4a	Yes	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	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 file Form 8282?	7c		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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess			
	parachute payment(s) during the year?	15 16		No No
	If "Yes," complete Form 4720, Schedule O.			

orm	990 (2019)			Page 6
Par	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	onse to	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 27			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\vdash \vdash$		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
4.0	NH , OR			
18	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.			
19	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			
20	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812 (540) 828-5487			

 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. Isist 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. 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. 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 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	Form 990 (2019)											Pag	ge 7
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 subject or the organization or any related organization or trustee) and the organization or			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
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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 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 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 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 nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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) (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) Name and title 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	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		` '	related		
	See Additional Data Table												
													—
													—

Form	990 (2019)													Page 8	
Par	Section A. Officers, Direct	ors, Trustees	, Key l	Empl	loye	es,	and	High	est Co	mpensate	ed Employees	cont	tinued)		
	(A) Name and title Average hours per week (list any hours		Position (do not check more than one box, unless person composis both an officer and a						Rep comp fro orga	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	`	2/1099- ISC)	(W-2/1099- MISC)		related organizations		
See	Additional Data Table														
												\top			
												\top			
												+			
сТ	ub-Total	art VII, Section		 		•	*		2,	136,978		0		210,349	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov	e) who	rece	eived mo	ore than \$1	00,000				
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e	mpl	oyee,	or hic	ghest co	mpensated	employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									tion or indi	vidual for	5		No	
	ction B. Independent Contract Complete this table for your five higher		d inden	ender	at co	ntra	ectors	that	received	more than	\$100,000 of cor	nnen	eation		
	from the organization. Report comper	sation for the c									n's tax year.	преп			
		(A) nd business addre	ess								(B) ription of services		(C Compen	sation	
	CONTRACTING									BUILDING C	ONTRACTOR		3,	,301,252	
SALE	SOUTHSIDE DR 1, VA 24153									INCTITUTIO	NIAL CONCLUTANT			467.015	
	N HEARNE 0X 88634									INSTITUTIO	NAL CONSULTANT			467,815	
CHICA	AGO, IL 60680 EBOARD COMMUNICATIONS									ENDOLLMEN	T CONCILITANT			121 601	
	EST AVE STE 204									ENROLLMEN	IT CONSULTANT			421,601	
WAYN	E, PA 14604 C PATTERSON LEE									ARCHITECT	JRE AND ENGINEER	ING		390,424	
	T PAUL ST STE 500									ARCHITECT	ONE AND ENGINEER			330,424	
ROCH	ESTER, NY 14604 Z CONSTRUCTION									BUILDING (ONTRACTOR			276,139	
	AIN ST													/	
	DWAY, VA 22815 otal number of independent contractor	s (includina but	not lim	ited t	o th	ose	listed	abov	re) who i	received m	ore than \$100.00	0 of			
	ompensation from the organization 🕨 :							- •	,		, ===,00	•	Form 99 6	n (2010)	
													roiin 99 0	Ur(∠UI9)	

		(2019)	of F	201100110						Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			\sqcap
		Check if Series	i di C	o contains a	70000	inse or note to unit	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(4)	16	a Federated campa	igns	s	1a			revenue		512 - 514
Grants Amounts		b Membership dues	5.	. [1 b					
Gra mo	,	c Fundraising even	ts .	[1c					
Gifts, nilar A	,	d Related organiza	tions	5	1d					
nii:	'	e Government grants	(con	tributions)	1e	2,885,590				
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributio and similar amounts above	s not	included	1f	2,861,276				
ntribu d Oth	!	g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1 g	594,383				
Contand		h Total. Add lines :	1a-1	f		•	5,746,866			
						Business Code	64 200 067	64 200 067		
an an	2a	TUITION				611310	61,389,867	61,389,867		
Program Service Revenue	b RESIDENCE HALLS AND FACILITIES c DINING SERVICES AND CONFERENCES					721000	8,309,118	8,298,875	10,243	
vice Pa						722212	7,183,303	7,183,303		
n Seri	d COLLEGE STORE			453000	14,735	14,735				
rograr	е	OTHER PROGRAM SE	RVIC	E REVENUE		900099	13,336	13,336		
<u>a</u>	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	.f	•	76,910,359		I		<u> </u>
	3	Investment income similar amounts)	(inc	luding divide	nds, i	nterest, and other	1,780,856	5	192,505	1,588,351
		Income from invest				ond proceeds			,	, ,
	5	Royalties				•	•			
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a		92,278	23,59	5			
	b	b Less: rental expenses 61			40.040					
	c	Rental income	00		49,918	3	0			
		or (loss)	6 c		42,360	23,59				
	C	Net rental income	or			<u> </u>	65,955	5	23,595	42,360
	7-	Gross amount		(i) Securi	ties	(ii) Other	\dashv			
	, a	from sales of assets other than inventory		9	97,118	829,78	7			
	b	Less: cost or other basis and sales expenses	7b	5	94,375	43,12	7			
	С	Gain or (loss)	7c	4	02,743	786,66	0			
		Net gain or (loss)					1,189,403	786,660		402,743
ne	oa	Gross income from fu (not including \$		of						
Other Revenue		contributions reported See Part IV, line 18	d on	line 1c).	8a					
Re	b	Less: direct expen	ses		8b		-			
her		Net income or (los			ng ev	ents				
	0-	Gross income from	aam	ing activities						
	Ja	See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	c	: Net income or (los	s) fr	om gaming a	activiti	ies				
	10	aGross sales of inve	ento	ry, less						
		returns and allowa			10a					
	b	Less: cost of good	s so	ld	10 b					
	C	Net income or (los Miscellaneo	_		invent					
	11	Miscellaneo STUDENT ACTIVI				Business Code 90009	9 596,995	596,995		
		JJ_III ACIIVI		1220						
	b	OTHER				90009	9 248,214	232,170	16,044	
						90009	9 50,403	50,403		
	C	COPY SERVICES				90009	50,403	50,403		
	۰	All other revenue					29,220	27,625	1,595	5
		Total. Add lines 1			. l	•	29,220	27,023	1,393	
		! Total revenue. S			•		924,832	2		-
		Star revenue. S	JE 11	.56 400015	•	· · · •	86,618,271	78,593,969	243,982	2,033,454

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				(4)
Section 501(c)(3) and 501(c)(4) organizations must c		_		mn (A).
Check if Schedule O contains a response or note to an		(B)	(C)	<u>· · · □</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	42,085,879	42,085,879		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,099,465	63,346	650,922	385,197
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,896,811	15,116,426	2,966,910	813,475
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,098,780	829,647	199,908	69,225
9 Other employee benefits	2,477,370	1,342,178	1,050,425	84,767
10 Payroll taxes	1,392,506	1,076,953	240,059	75,494
11 Fees for services (non-employees):				
a Management				
b Legal	76,827	18,000	58,827	
c Accounting	53,380		53,380	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				-
f Investment management fees	643,867		643,867	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	,			
12 Advertising and promotion	835,959	101,278	734,681	
13 Office expenses	1,467,166	871,134	481,842	114,190
14 Information technology	990,026	968,973	,	21,053
15 Royalties				
16 Occupancy	3,584,461	1,694,257	1,890,204	
17 Travel	689,084	608,038	40,573	40,473
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	009,004	008,030	40,373	40,473
19 Conferences, conventions, and meetings				
20 Interest	1,680,807	1,676,377	4,430	
21 Payments to affiliates	1,000,007	1,070,577	4,430	
, ·	5,240,730	5,021,803	218,927	
22 Depreciation, depletion, and amortization	357,379	109,585	247,794	
 23 Insurance 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.) 	337,379	109,363	247,794	
a OTHER	3,651,125	2,745,159	776,646	129,320
b CAFETERIA EXPENSES	2,730,429	2,730,429		
c GROUNDS	1,709,214	373,674	1,335,540	
d COVID-19 RESPONSE	1,621,444	1,451,812	167,245	2,387
e All other expenses	538,024	5,681,447	-5,143,423	
25 Total functional expenses. Add lines 1 through 24e	92,920,733	84,566,395	6,618,757	1,735,581
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)

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Assets

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21

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32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 10,203,769

13,184,705

4,621,399

2.967.152

89,009,681

99,066,591

622,683

220,158,848

3,144,367

6,832,431

3.318.251

51,484,805

5,835,165

70.615.019

50,725,129

98,818,700

149,543,829

220,158,848

Form 990 (2019)

482,868

(B) End of year

Page **11**

Circuit	•••	 ···	۵.,

Check if Schedule O contains a response or note to any line in this Part IX				
		Е	Begir	(/ nnin

Accounts receivable, net .

Notes and loans receivable, net

Prepaid expenses and deferred charges .

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

Investments—publicly traded securities .

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

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

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 . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

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 ightharpoonup and

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

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

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

Inventories for sale or use . .

Cash-non-interest-bearing Savings and temporary cash investments . . .

Pledges and grants receivable, net . . .

10a

10b

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

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

159,504,998

70,495,317

Beginning of year

7,279,286

13,462,043

7.364,752

3.688.719

85,950,800

104,062,205

763,369

3,924,550

1,814,838

3.311.619

50,238,854

6,240,858

65.530.719

44,884,134

112,733,071

157,617,205

223,147,924

223,147,924

63.176

513,574

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 54-0506306

Name: BRIDGEWATER COLLEGE

Form 990 (2019)

Form 990, Part III, Line 4a:

LOCATED ONLY TWO HOURS SOUTHWEST OF THE WASHINGTON, D.C., METRO AREA, BRIDGEWATER COLLEGE HAS A TOTAL ENROLLMENT OF APPROXIMATELY 1,600 STUDENTS AND OFFERS BACHELOR OF ARTS AND BACHELOR OF SCIENCE DEGREES IN MORE THAN 60 MAJORS AND MINORS, ALONG WITH PRE-PROFESSIONAL PROGRAMS SUCH AS MEDICINE AND LAW AND TEACHER LICENSURE. THE COLLEGE ALSO OFFERS MASTERS DEGREE PROGRAMS IN ATHLETIC TRAINING, DIGITAL MEDIA STRATEGY, PSYCHOLOGY, AND HUMAN RESOURCE MANAGEMENT, GROUNDED IN LIBERAL ARTS, STUDENTS AT BRIDGEWATER COLLEGE LEARN ABOUT A VARIETY OF DISCIPLINES, ENABLING THEM TO BECOME ARTICULATE, ANALYTICAL AND ASSERTIVE. THEY ARE CHALLENGED BY RIGOROUS ACADEMICS IN A CLOSE-KNIT COMMUNITY AND COLLABORATE WITH FACULTY TO CREATE PERSONALIZED AND UNIQUE LEARNING EXPERIENCES.

Form 990, Part III, Line 4b: THE RESIDENTIAL CAMPUS IS LOCATED IN THE BEAUTIFUL SHENANDOAH VALLEY OF VIRGINIA, ON-CAMPUS HOUSING FEATURES SEVEN DORMITORIES, SHARED HOUSES

DINING HALL IN THE KLINE CAMPUS CENTER AND SMITTY'S CAFE IN THE FORRER LEARNING COMMONS.

KNOWN AS THE COTTAGES, APARTMENT-STYLE LIVING IN THE WAMPLER TOWERS, AND THE STONE VILLAGE HOUSING COMMUNITY. DINING OPTIONS INCLUDE THE MAIN

WITH MORE THAN 80 SOCIAL, CULTURAL, RELIGIOUS, AND ACADEMIC CLUBS AND ORGANIZATIONS, THERE'S ALWAYS SOMETHING HAPPENING ON CAMPUS. NEARLY A THIRD OF THE STUDENT BODY PARTICIPATES IN ONE OF THE 23 INTERCOLLEGIATE SPORTS BRIDGEWATER OFFERS AT THE NCAA DIVISION III LEVEL. STUDENTS ALSO HAVE THE OPPORTUNITY TO BENEFIT FROM THE BRIDGEWATER COLLEGE EQUESTRIAN CENTER IN WEYERS CAVE, VA., FOR RIDING LESSONS AND THE EQUESTRIAN TEAM;

Form 990, Part III, Line 4c:

SERIES, WHICH BRINGS SPEAKERS AND ARTISTS FROM ACROSS THE COUNTRY TO THE COLLEGE.

FITNESS OPPORTUNITIES THROUGH THE FUNKHOUSER CENTER FOR HEALTH AND WELLNESS; AN ARRAY OF INTRAMURAL SPORTS AND AN OUTDOOR PROGRAM; MUSICAL

ENSEMBLES SUCH AS THE CONCERT CHOIR, CHORALE, SYMPHONIC BAND AND JAZZ ENSEMBLE; AND A RENOWNED ENDOWED LECTURE, LYCEUM AND CONVOCATION

(A) (D) (E) (B) (C) (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 related from the compensation from the

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

	any hours)	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	
D CORY ADAMSON TRUSTEE	0.50	Х						0	0	0	
ANDREW B AGEE TRUSTEE	0.50	X						0	0	0	
G STEVEN AGEE TRUSTEE	0.50	Х						0	0	0	
NANCY M BOWMAN	0.50	Х						0	0	0	

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TRUSTEE
NANCY M BOWMAN
TRUSTEE
D BRUCE CHRISTIAN
TRUSTEE

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MENSEL D DEAN JR

MICHAEL D DEL GIUDICE

WILLIAM S EARHART

A WESLEY GRAVES VI

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

CARL R FIKE

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) any hours from the

organization

organizations

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

	arry riours	and a director/trustee/						Organización ((IV 2/4 200	mom 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	
LAWRENCE M JOHNSON TRUSTEE	0.50							0	0	0	
MICHAEL K KYLES TRUSTEE	0.50	X						0	0	0	
J ALLEN LAYMAN TRUSTEE	0.50	X						0	0	0	
NATHAN H MILLER TRUSTEE	0.50	X						0	0	0	
PAUL E MUNDEY	0.50								1		

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TRUSTEE

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CHAIRMAN

WILFRED E NOLEN

BONNIE F RHODES

ROBERT I STOLZMAN

VICE CHAIRMAN

DONNA P WALKER

JAMES H WALSH

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and Independent Contractors

(A) (E) (B) (C) (D) (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 related from the compensation

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

	any hours	and a director/trustee)						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	
G BENJAMIN WAMPLER SECRETARY	0.50	х		x				0	0	0	
ASHLEY B SMITH TRUSTEE	0.50	х						0	0	0	
JAMES L WILKERSON TRUSTEE	0.50	х						0	0	0	
DEWEY M WILLIARD	0.50	v						0	0	0	

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26,907

21,957

12,630

21,195

341,166

192,065

203,367

212,173

TRUSTEE
DEWEY M WILLIARD
TRUSTEE
KATHY G WRIGHT
TRUSTEE

......

DAVID A YOUNG

DAVID W BUSHMAN

ROY W FERGUSON JR

VP FOR FINANCE & TREASURER

EXECUTIVE VP AND ASSISTANT

VP FOR INSTITUTIONAL ADVAN

TRUSTEE

PRESIDENT

ANNE B KEELER

MAUREEN SILVA

and Independent Contractors

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

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

	for related							(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
LEONA SEVICK PROVOST & VP FOR ACADEMIC	40.00				x			181,642	0	12,089
ROBERT ANDERSEN ASSOC DEAN ACAD AFFAIRS &	40.00					х		120,784	0	15,454
MICHAEL CLARK HEAD FOOTBALL COACH	40.00					х		111,989	0	15,006
CAROL SCHERRARD	40.00									

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123,786

126,389

109,365

103,371

207,445

103,436

11,175

18,927

11,279

6,450

22,807

14,473

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MICHAEL CLARK	40.00				
HEAD FOOTBALL COACH	••••••			Х	
CAROL SCHEPPARD	40.00				
PROFESSOR OF THE COLLEGE				^	
LESLIE FRERE	40.00				

40.00

40.00

40.00

40.00

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and Independent Contractors

VP FOR STUDENT LIFE/DEAN O

DIRECTOR OF INFORMATION TE

DIVISION HEAD, COMMUNICATI

VICE PRESIDENT FOR ENROLLM

DIRECTOR OF ATHLETICS

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KRISTY RHEA

JEFFREY PIERSON

MICHAEL POST

CURTIS KENDALL

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -							
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99			ganization is a sect 4947(a)(1) nonexe Attach to Form		2019					
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nue Service he organiza ER COLLEGE	tion				Employer identific				
DKIDC	ICVVAIC	ik College					54-0506306				
	rt I		for Public Charity Statu				See instructions.				
1 ne c	rganiz		a private foundation because	`	•		(A)(:)				
		•	onvention of churches, or as								
2	✓		scribed in section 170(b)(,						
3		·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	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	bed in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust described in section	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 busin 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	ipport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations o through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo							
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i Ition vested in the sar							
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	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				
е			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '			T			
	(i) Name of supported organization (ii) EIN			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No					
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	000 ==\ -==			

to or expended on its behalf						
	1 245 245	2 242 242	7.006.655	6 240 740	F 746 066	22.742.445
	4,246,246	9,042,949	7,386,655	6,319,749	5,/46,866	32,742,465
amount shown on line 11, column (i)						
Public support. Subtract line 5						22.742.465
from line 4.						32,742,465
ection B. Total Support						
Calendar year	() 2015	(1.) 2046	() 2017	(4) 2010	(-) 2010	(f) Total
	l (a) /015					
(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	
	(a) 2015 4,246,246		7,386,655	6,319,749	` '	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest,	` '		` ,		` '	
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and	` '	9,042,949	` ,		5,746,866	
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on.	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain	4,246,246 1,338,746	9,042,949 3,624,857	7,386,655 2,573,846	6,319,749 2,835,238	5,746,866 1,896,729	32,742,465 12,269,416
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	4,246,246	9,042,949	7,386,655	6,319,749	5,746,866 1,896,729	32,742,465
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	4,246,246 1,338,746	9,042,949 3,624,857	7,386,655 2,573,846	6,319,749 2,835,238	5,746,866 1,896,729	32,742,465 12,269,416 5,113,954
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital	4,246,246 1,338,746	9,042,949 3,624,857	7,386,655 2,573,846	6,319,749 2,835,238	5,746,866 1,896,729	32,742,465 12,269,416
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through	4,246,246 1,338,746 837,437	9,042,949 3,624,857 1,056,605	7,386,655 2,573,846 1,483,451	6,319,749 2,835,238 811,629	5,746,866 1,896,729	32,742,465 12,269,416 5,113,954
(or fiscal year beginning in) ► Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. Add lines 7 through 10	4,246,246 1,338,746 837,437 etc. (see instruction	9,042,949 3,624,857 1,056,605	7,386,655 2,573,846 1,483,451	6,319,749 2,835,238 811,629	5,746,866 1,896,729 924,832	32,742,465 12,269,416 5,113,954 50,125,835 395,101,001
	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4,246,246 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4,246,246 9,042,949 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4,246,246 9,042,949 7,386,655 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4,246,246 9,042,949 7,386,655 6,319,749 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 4,246,246 9,042,949 7,386,655 6,319,749 5,746,866 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.

Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2018 Schedule A, Part II, line 14 15 16a 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 h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

65.320 % 65.810 % h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails 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		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
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						
L	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				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
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.) Total support. (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 stop here						▶ ⊔
	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 Part VI 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 330 01 330 E2) 2013			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the henefit of any supported organization other than the supported organization(s) that	-					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting						
	organization.	2					
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 Part VI 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?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
_		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
	year? If "Yes," describe in Part VI 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 Part VI 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	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	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

_6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide		
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

o∨ide			
10 Line 8 amount divided by Line 9 amount			
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019		
derdistributions	Distributable		
0	vide		

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

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

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

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

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

Additional Data

Software ID:

Software Version: EIN: 54-0506306

Name: BRIDGEWATER 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

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493102006141

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)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** BRIDGEWATER COLLEGE 54-0506306 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 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 ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 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 committee	ee (PAC). If additional space is needed, p	provide informatio	on in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-F7) 2019

	t II-B		rganization is exempt under section $501(c)(3)$ and has NOT fil	led			Pa	ige 3
	1 10 / 11		ion under section 501(h)).	((I)		
or ea ctivit		response on lines 1a thr	rough 1i below, provide in Part IV a detailed description of the lobbying		No	Amoun		t
			ganization attempt to influence foreign, national, state or local legislation, be public opinion on a legislative matter or referendum, through the use of:					
а	Voluntee	rs?		Yes				
b			de compensation in expenses reported on lines 1c through 1i)?	Yes				
С	Media ad	vertisements?			No			
d	Mailings	to members, legislators,	, or the public?	Yes				272
e	Publication	ons, or published or broa	adcast statements?		No			
f	Grants to	other organizations for	lobbying purposes?	Yes				61
g	Direct co	ntact with legislators, th	neir staffs, government officials, or a legislative body?	Yes				73
h	Rallies, d	lemonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No			
i	Other act	tivities?			No			
j	Total. Ad	d lines 1c through 1i						1,622
a	Did the a	ctivities in line 1 cause	the organization to be not described in section 501(c)(3)?		No			
b	If "Yes,"	enter the amount of any	y tax incurred under section 4912					
C	If "Yes,"	enter the amount of any	tax incurred by organization managers under section 4912		[
d	If the filir	ng organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
<u>!</u>	Did the o	organization make only i	nore) dues received nondeductible by members?		[1 2 3	es	No
art	III-B		rganization is exempt under section 501(c)(4), section 501(c) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				.(c)	(6
			mounts from members	1				
	expense	s for which the section	obying and political expenditures (do not include amounts of political on 527(f) tax was paid).	2a				
				2b				
c	•	·		2c				
•			ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
	If notices	were sent and the amo	ount on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political					
		•		4				
5		amount of lobbying and	political expenditures (see instructions)	5				
Pa	rt IV	Supplemental Inf	ormation					
			Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	-A, lines	1 and 2	(se	е
	Retu	urn Reference	Explanation					
ART	II-B, LINE	≣1:	ON JANUARY 27, 2020, TWO EMPLOYEES AND TWO STUDENTS TRAVELED TO WITH THEIR RESPECTIVE LEGISLATORS TO THANK THEM FOR THEIR PAST S STATE'S TUITION ASSISTANCE GRANT AND TO ENCOURAGE THEIR CONTINU PROGRAM. IN NOVEMBER 2019, AN E-MAIL BLAST AND PHYSICAL LETTERS WOF STUDENTS WHO RECEIVED THE STATE'S TUITION ASSISTANCE GRANT A THEIR RESPECTIVE LEGISLATORS TO THANK THEM FOR THEIR PAST SUPPOR	UPPORTIED SUINERES	T OF FUN PPORT O ENT TO THEM TO	IDING FO F THE THE PAR O CONTA	OR T	THE

ENCOURAGE THEIR CONTINUED SUPPORT OF THE PROGRAM. BRIDGEWATER COLLEGE BELONGS TO THE COUNCIL OF INDEPENDENT COLLEGES IN VIRGINIA AND THE NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES WHICH LOBBIES ON BEHALF OF ALL ITS MEMBER SCHOOLS AND THEIR

STUDENTS, ON ISSUES OF IMPORTANCE TO PRIVATE HIGHER EDUCATION.

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

As Filed Data -

DLN: 93493102006141

OMB No. 1545-0047

2019

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 Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization DGEWATER COLLEGE				Emp	oloyer identificatio	n number
BKI	DGEWATER COLLEGE	54-0	0506306				
Pa	ort I Organizations Maintaining Donor Advi				r Acc	ounts.	
	Complete if the organization answered "Ye	(a) Donor ad		· ·		(b) Funds and other	r accounts
1	Total number at end of year	(a) Bollor da	4 7 1 2	Jea Tarias		(b) Funds and other	- accounts
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	rs in writing that the a	556	ets held in donor ad	lvised f	funds are the	
•	organization's property, subject to the organization's ex						Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or fo	or a	any other purpose o		ring impermissible] Yes □ No
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	es" on Form 990. Par	rt I				
1	Purpose(s) of conservation easements held by the organ						
	Preservation of land for public use (e.g., recreation	n or education)]	Preservation of an	histor	ically important land	area
	Protection of natural habitat	, L	7			d historic structure	
	Preservation of open space	_	-	Treservation of a c		a motoric off acture	
2	— · · · · · · · · · · · · · · · · · · ·	lifi-d					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation	COI	ntribution in the for	m or a	Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified histori	c structure included in	(a))	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	ired after 7/25/06, and	l no	ot on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguish	ned	, or terminated by	the org	ganization during the	:
4	Number of states where property subject to conservation	on easement is located	>				
5	Does the organization have a written policy regarding th	he periodic monitoring,	in	spection, handling o	of viola	— ations,	
	and enforcement of the conservation easements it holds					☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violat	tior	ns, and enforcing co	onserva	ation easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations,	an	d enforcing conser	vation	easements during th	ne year
8	Does each conservation easement reported on line 2(d)				70(h)(_
9	and section 170(h)(4)(B)(ii)?				nco cta	Yes	∐ No
,	balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organi	zat	cion's financial state	ements	that describes	
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye				er Sii	milar Assets.	
1 a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for	.6 (ASC 958), not to re	po	rt in its revenue sta			
	provide, in Part XIII, the text of the footnote to its finar If the organization elected, as permitted under SFAS 11	ncial statements that de	esc	ribes these items.		·	
b	historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, education	n, c	or research in furth	erance	e of public service, pr	ovide the
((i) Revenue included on Form 990, Part VIII, line ${f 1}$					▶ \$	
(ii)Assets included in Form 990, Part X					. ▶\$	61,099
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	cal treasures, or other	sin	nilar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1	, , ,				. ▶\$	
b	Assets included in Form 990, Part X		_			. > \$	

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

Sch	edule D (Form 990) 2019						Page 2
Pai	t IIII Organizations Ma	intaining Collections o	f Art, Histor	ical Treas	ures, or Other	Similar Assets	continued)
3	Using the organization's acquitems (check all that apply):	isition, accession, and other	records, check	any of the	following that are a	significant use of it	s collection
а	Public exhibition		d	☐ Loa	n or exchange pro	grams	
b	Scholarly research		е	☐ Oth	er		
С	✓ Preservation for future	generations					
4	Provide a description of the o Part XIII.	rganization's collections and	explain how th	ey further t	he organization's e	xempt purpose in	
5	During the year, did the organ assets to be sold to raise fund						es ☑ No
Pa		dial Arrangements. anization answered "Yes	' on Form 99	O, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1 a	Is the organization an agent, included on Form 990, Part X					_	es 🗆 No
b	If "Yes," explain the arranger	nent in Part XIII and comple	te the following	r table:		Amount	
c	Beginning balance	·	•	-	1c	Amount	
d	Additions during the year				4.1		
е	Distributions during the year						
f	Ending balance				4.5		
2 a	Did the organization include a	in amount on Form 990, Par	t X, line 21, for	escrow or	custodial account li	ability? 🗌 Y e	es 🗌 No
b	If "Yes," explain the arrangen	nent in Part XIII. Check here	if the explana	tion has bee	n provided in Part	хии 🗆	
Pa	art V Endowment Fund						_
	Complete if the org	anization answered "Yes"				Ian =	
4.	Designation of years belowed	(a) Currer	t year (b) ,758,089	Prior year 96,962,916		(d) Three years back 82,888,519	
	Beginning of year balance		,			· · · · · · · · · · · · · · · · · · ·	82,378,991
	Contributions		745,288 326,187	1,013,345 2,699,456			2,308,315 -1,978,296
	Net investment earnings, gains				, ,	<u> </u>	
	Grants or scholarships		,051,914	2,612,454	2,514,307	2,433,876	2,275,893
е	Other expenditures for facilities and programs	1	,260,749	1,661,073			1,079,817
f	Administrative expenses .		572,377	644,102	567,857	610,924	439,223
g	End of year balance	91	,944,523	95,758,089	96,962,916	89,432,440	79,423,605
2	Provide the estimated percent Board designated or quasi-en	- ·	balance (line 1	.g, column (a)) held as:		
a L	Permanent endowment ►	59.200 %					
b	********						
С	Temporarily restricted endow The percentages on lines 2a,	***************************************	104				
3a	,	•		at are held a	nd administered fo	or the	Yes No
	(i) unrelated organizations					3	a(i) Yes
	(ii) related organizations .					3	a(ii) No
b			equired on Sch	edule R? .			3b
4	Describe in Part XIII the inter	nded uses of the organizatio	n's endowment	funds.		_	
Pa	rt VI Land, Buildings, a						
		anization answered "Yes					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or othe	r basis (other	(c) Accumulated	depreciation	(d) Book value
		,					
	Land	306,368		1,695,24	9		2,001,617
b	Buildings	367,254		123,274,34	5	51,297,534	72,344,065
С	Leasehold improvements			<u></u>			

11,586,206

19,876,980

2,398,596

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

3,656,606

11,007,393

89,009,681

7,929,600

11,268,183

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	Part IV, line (b) Book	(c) Metho	Part X, line 12. d of valuation: year market value
	value	Cost or ena-of-	year market value
) Financial derivatives			
x)			
3)			
;)			
))			
=)			
;)			
· 5)	+		
, H)			
art VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, line	(b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
.)			
2)			
)			
)			
)			
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Other Assets. Complete if the organization answered 'Yes' on Form 990, I	Part IV line 1	11d See Form 990 Par	+ Y line 15
(a) Description	rare 10, mile 1	Trai Sec Form 550, rai	(b) Book value
)			
)			
)			
)			
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.			•
Complete if the organization answered 'Yes' on Form 990, I	Part IV, line 1	11e or 11f.See Form	
(a) Description of liability			(b) Book value
) Federal income taxes) TRUST AND ANNUITY OBLIGATIONS			4,409,840
) U.S. GOVERNMENT GRANTS REFUNDABLE			1,425,325
)			
)			
)			
')			
3)			
9)			_
0)			
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footno	ato to the com-		5,835,165

Part XI

2

а

b

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-2,314,698

43,888,524

42,729,747

86,618,271

49,647,202

49,647,202

43,273,531

92.920.733

Schedule D (Form 990) 2019

d Other (Describe in Part XIII.) Add lines 2a through 2d е

Add lines 4a and 4b .

Net unrealized gains (losses) on investments Donated services and use of facilities . . . Recoveries of prior year grants

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.

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

Total expenses and losses per audited financial statements

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

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

Supplemental Information

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

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

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

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

2b Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

2c 2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2e 3 643,867 42,085,880 5

-1,419,108

-895,590

40 Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu

2e

3

4c

5

643,867

42,629,664

С	
;	
urı	1.
	l

chedule D (Form 990) 2019		
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

CULTURE STUDIES AND COMMUNICATIONS.

EIN: 54-0506306

Name: BRIDGEWATER COLLEGE

DITIONAL DONORS. THE COLLECTION SERVES AS A HANDS ON TEACHING TOOL FOR STUDENTS ENTERING THE FIELD OF PUBLIC HISTORY, ACADEMIC HISTORY, ARCHIVAL SCIENCE, LIBRARY SCIENCE, MATERIAL

Supplemental Information

Cappicinental Intermetion	
Return Reference	Explanation
PART III, LINE 4:	THE R.B. PRITCHETT MUSEUM COLLECTION, FORMERLY THE R. B. PRITCHETT MUSEUM, IS HOUSED IN BR IDGEWATER COLLEGE'S SPECIAL COLLECTIONS AND CONTAINS APPROXIMATELY 7,500 HISTORICAL ARTIFA CTS, ARCHIVES, AND RARE BOOKS COLLECTED OVER THE YEAR BY THE PRIMARY DONOR AND OVER 350 AD

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY U.S. GENERALLY ACCEPTED AC COUNTING PRINCIPLES ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND BELIEVES THAT THE CO LLEGE CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION. MANAGEMENT HAS A LSO EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIA L STATEMENTS AND DETERMINED THE COLLEGE HAD NO UNCERTAIN INCOME TAX POSITIONS.

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REBRANDING EXPENSES -543,787. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -351,803.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND GRANTS 42,085,879. ROUNDING 1.

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	SCHOLARSHIPS AND GRANTS 42,085,879. REBRANDING EXPENSES 543,787. ROUNDING -2.

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493102006141 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** BRIDGEWATER COLLEGE 54-0506306 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," 3 Νo 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 Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a 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)

Schedule E (101111 990 01 990EZ) (2019)	Page 2							
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.								
Return Reference	Explanation							
SCHEDULE E, PART I, LINE 3	BRIDGEWATER COLLEGE DRAWS FROM A WIDE GEOGRAPHICAL AREA NOT COVERED BY ONE NEWSPAPER OR BROADCAST MEDIA AS A SOLICITATION FOR STUDENTS. AS REQUIRED BY REVENUE PROCEDURE 75-50, BRIDGEWATER COLLEGE HAS PUBLICIZED ITS RACIALLY NON-DISCRIMINATORY POLICY BY INCLUDING A STATEMENT OF THIS FACT IN ALL PUBLICATIONS AND PROMOTIONAL MATERIALS.							
SCHEDULE E, PART I, LINE 6	BRIDGEWATER COLLEGE RECEIVED FINANCIAL AID IN THE FORM OF PELL GRANTS, SEOG AND PERKINS LOANS WHICH WAS AWARDED TO OUR STUDENTS BASED ON FEDERAL GUIDELINES. THE COLLEGE ALSO							

Schedule E (Form 990 or 990E7) (2019)

RECEIVED TWO GOVERNMENT GRANTS IN FY2020 RELATED TO COVID-19, THE SBA'S PPP LOAN AND THE HEERF I "CARES ACT" MONIES. THE INSTITUTION'S SHARE OF THESE FUNDS RECOGNIZABLE IN FY2020

TOTALED \$1.57 MILLION.

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

	IEDULE F	State	ement of A	Activities (Outside the Un	ited States	3	OMB No. 1545-0047
(Form 990) ▶ Comp			lete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.					2019 Open to Public Inspection
	l Revenue Service					Emplo	yer ider	ntification number
BRID	GEWATER COLLEGE					54-050	-	
Pa		nformation Part IV, line		Outside the U	Jnited States. Comple			nswered "Yes" on
1	other assistance, t	:he grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	-		☐ Yes ☐ No
2	For grantmakers outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its grant	s and ot	her assistance
3	Activites per Region	n. (The followin	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)		
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program	(e) If activity listed program service, specific type service(s) in the	describe of	(f) Total expenditures for and investments in the region
	See Add'l Data				•			
b	Sub-total . Total from continuat Part I .	ion sheets to	0					27,669,055
	Totals (add lines 3a	and 3b)	0	0				27,669,055
								<u>.</u>

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

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

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	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

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

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III AC	CCOUNTING METHOD:	

Additional Data

EUROPE

Software ID: Software Version:

EIN: 54-0506306

Name: BRIDGEWATER COLLEGE

12,414,470

Form 990 Schedule F Par	orm 990 Schedule F Part 1 - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
CENTRAL AMERICAN AND THE CARRIBEAN	0	0	INVESTMENTS		134,457					

0 INVESTMENTS

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) AFRICA 0 INVESTMENTS 133,097 AUSTRALIA 0 INVESTMENTS 125,879

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) ASIA 0 INVESTMENTS 9,684,792 OTHER 0 INVESTMENTS 5,176,360

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

Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493102006141

Open to Public Inspection

nternal Revenue Service							
ame of the organization RIDGEWATER COLLEGE						Employer identific	ation number
						54-0506306	
Part I General Infor	mation on Grants	and Assistance					
			the grants or assistance,		for the grants or assistan	ce, and	☑ Yes ☐ No
	-	_	se of grant funds in the U				
Part II Grants and Othe	r Assistance to Dor	nestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
	-						

(Form 990)

Department of the

Treasury

(1) SCHOLARSHIPS AND DISCOUNTS

Part III can be duplicated if additional space is needed.

Explanation

Schedule I (Form 990) 2019

(2) SEOG

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

PART I, LINE 2:

Return Reference

Page 2

Schedule I (Form 990) 2019

439

(b) Number of

recipients

1793

PERCENTAGE ADJUSTMENTS MADE TO TUITION AS SPECIFIED IN THE CATALOG.

291.010

246,600

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

THE OFFICE OF FINANCIAL AID ADMINISTERS THE FOLLOWING POLICIES TO ASSURE THAT INSTITUTIONAL GRANTS AND SCHOLARSHIPS ARE USED FOR PROPER

PURPOSES: THE AGGREGATE OF INSTITUTIONAL FUNDS THAT AN INDIVIDUAL STUDENT RECEIVES IS RESTRICTED TO AN AMOUNT EQUIVALENT TO TUITION AND FEES; ENROLLMENT IS CONFIRMED EACH SEMESTER PRIOR TO DISBURSEMENT OF INSTITUTIONAL FUNDS; ELIGIBILITY FOR ACADEMIC SCHOLARSHIPS IS LIMITED TO A MAXIMUM OF EIGHT SEMESTERS. RENEWAL GRADE POINT AVERAGE REQUIREMENTS ARE CHECKED AT THE END OF EACH ACADEMIC YEAR; ELIGIBILITY FOR INSTITUTIONAL GENERAL GRANTS REQUIRES A DEMONSTRATION OF NEED, BASED ON SUBMISSION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA); ENDOWED SCHOLARSHIPS HAVE SELECTION CRITERIA SPECIFIC TO EACH FUND AND THE DIRECTOR OF FINANCIAL AID OVERSEES THE SELECTION OF ELIGIBLE STUDENTS; WHEN A STUDENT WITHDRAWS FROM SCHOOL, THE PERCENTAGE ADJUSTMENTS MADE TO INSTITUTIONAL AID ARE THE SAME AS THE

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93493	10200	6141	
Sch	nedule J	C	ompensat	ion Information	OMB N	o. 1545-	0047	
(Form 990)			For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest information		n to Pu spectio		
	al Revenue Service ne of the organiz	l ation		Empl	oyer identification			
BRI	DGEWATER COLLEG	E		54-05	506306			
Pa	rt I Questi	ons Regarding Compensa	ition	[3100				
	-					Yes	No	
1a				f the following to or for a person listed on F ly relevant information regarding these iten				
		s or charter travel	$\mathbf{\nabla}$	Housing allowance or residence for persor	nal use			
		companions	님	Payments for business use of personal res				
		nification and gross-up payment	ts 🖵	Health or social club dues or initiation fees				
	⊻ I Discretion	nary spending account	¥	Personal services (e.g., maid, chauffeur, o	cner)			
b				follow a written policy regarding payment ove? If "No," complete Part III to explain	or 1	Yes		
2				or allowing expenses incurred by all	2	Yes		
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Line 1a?				
3				ed to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in Part	III.			
	, 	- Li		Modelan				
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	<u>.</u>	Approval by the board or compensation co	ommittee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filing or	rganization or a			
а	_	ance payment or change-of-cor	strol navment?		. 4		No	
b		• • •		lified retirement plan?	4		No	
c			•	nsation arrangement?		_	No	
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part III.				
_	, ,,,	3), 501(c)(4), and 501(c)(29	, ,	must complete lines 5-9. the organization pay or accrue any				
5	compensation c	ontingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
а	The organizatio	n?			5		No	
b	=				5	,	No	
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organizatio	n?			6	a	No	
b	,			$\bullet = \bullet = \bullet$. 6)	No	
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III	7		No	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe			No.	
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regularian	ations section		No	
For F	Panerwork Redi	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 500533	Schedule J (Fo		2019	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

	113 (1)		-f.W. 2						
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 DAVID W BUSHMAN PRESIDENT	(i)	341,166	0	0	8,400	18,507	368,073	0	
	(ii)	0	0	0	0	0	0	0	
2 ANNE B KEELER VP FOR FINANCE & (i) 192,065 0 0 6,037		15,920	214,022	0					
TREASURER	(ii)	0	0	0	0	0	0	0	
3 ROY W FERGUSON JR	(i)	203,367	0	0	6,146	6,484	215,997	0	
3 ROY W FERGUSON JR EXECUTIVE VP AND ASSISTANT (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0							
4 MAUREEN SILVA VP FOR INSTITUTIONAL ADVAN (i) 212,173		0	0	6,600	14,595	233,368	0		
		0	0						
5 LEONA SEVICK	_		0	0	5,550	6,539	193,731	0	
ACADEMIC		0	0	0	0	0	0	0	
6 MICHAEL POST VICE PRESIDENT FOR	(i)	207,445	0	0	6,450	16,357	230,252	0	
ENROLLM	(ii)	0	0	0	0	0	0	0	
	+								
	+								
	-								
							Schadula	J (Form 990) 2019	
							Schedule	(101111 550) 2015	

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 3 ITHE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES COMPLETED A PERFORMANCE EVALUATION OF THE PRESIDENT AND APPROVED HIS COMPENSATION. ITHE COMMITTEE USED PEER SALARY DATA AND PUBLISHED SURVEYS FOR COMPARISONS. THE COMMITTEE ALSO REVIEWED THE COMPENSATION OF KEY IEMPLOYEES.

Schedule 1 (Form 990) 2019

DLN: 93493102006141 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. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** BRIDGEWATER COLLEGE 54-0506306 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (i) Pool (a) Issuer name (h) On behalf of financing issuer Yes No Yes No Yes No 3.783.629 PROVIDE FUNDS TO REFUND 2002 INDUSTRIAL DEVELOPMENT 54-1381459 000000000 11-03-2015 Χ Χ Χ AUTHORITY OF THE TOWN OF & 2006 BONDS BRIDGEWATER VIRGINIA Part II **Proceeds** В C D 257,545 2 3 3,783,629 4 5 6 7 8 9 10 11 3,783,629 12 13 2015 Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ bonds (or, if issued prior to 2018, a current refunding issue)? Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Part Ⅲ **Private Business Use** Α В 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019 Are there any research agreements that may result in private business use of bond-financed

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

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

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

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

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

Schedule K (Form 990) 2019

b

d

6

8a

Part IV

b

C

Arbitrage

Page 2

No

D

Schedule K (Form 990) 2019

No

Yes

Х

Χ

Α

No

Χ

Χ

Χ

Χ

Yes

Х

Χ

X

Х

В

No

Yes

C

No

Yes

Schedule K (Form 990) 2019

(GIC)?

period?

Part V

Arbitrage (Continued)

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

Term of GIC

requirements of section 148? . . .

Yes	No	
	>	

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

Yes No

No

Yes

Yes

В

Yes

No

No

Yes

Nο

Nο

Page 3

No

D

D

Yes

Yes

efile GRAPHIC	C print	- DO NO	T PROCES	S As F	iled Data -					DL	N: 93	4931	020	06141
Schedule L			Tran	sactio	ns with Ir	ntereste	d Person	ıs			10	1B No.	1545	-0047
(Form 990 or 990	-EZ) ▶	Complet	e if the orga	anization a	answered "Yes	" on Form 9	90, Part IV, li	nes 25	a, 2!	5b, 26	5,	20	1	0
			27, 28a,		8c, or Form 99 ch to Form 99			Юb.				Z U	7 I .	フ
Department of the Trea Internal Revenue Servi		▶G	o to <u>www.ii</u>		<u>rm990</u> for inst			ormati	on.		G	pen i Insp		
Name of the orga								Em	oloy	er ide	ntifica	tion n	umb	er
BRIDGEWATER COL	LEGE							54-0	506	306				
Part I Exces	ss Bene	efit Tran	sactions (section 501	(c)(3), section !	501(c)(4), and	section 501(c				ıs only)			
					Form 990, Part									
1 (a)) Name o	of disqualif	ied person	(b)	Relationship be	etween disqual organization	lified person ar	nd (d	•	escript nsacti	ion of	<u> </u>		rected?
						n garrization		_	ша	IISacu	011	Y	es	No
								-						
								+						
4958				·	managers or dis bursed by the o	·		year un • •	der s		\$ —— \$ ——			
Com	nplete if t	he organi	From Inter zation answe n Form 990, l	red "Yes" o	n Form 990-EZ,	Part V, line 3	8a, or Form 99	0, Part	IV, I	ine 26	; or if t	the org	aniza	tion
(a) Name of	(b) Rela	ationship	(c) Purpose	(d) Loan	to or from the	(e) Original	(f) Balance	(g) I			h)) Wri	
interested person	with org	anization	of loan	orga	anization?	principal amount	due	defau		boa	ved by rd or nittee?	r		ent?
				То	From	1		Yes I	Vo	Yes	No	Yes		No
									_					
									_					
									+					
Total .						<u> </u>								
Part III Gra	nts or A	Assistan	ce Benefit	ing Inter	ested Perso	<u> </u>								
					es" on Form 9		line 27.							
(a) Name of inter	ested pe		Relationship	n and the	(c) Amount	of assistance	(d) Type o	of assist	ance	•	(e) Pui	rpose o	of assi	istance
(1) FAMILY MEMBERS O INTERESTED PERSO		OF .			DEMOGRAPHI SCHOLARSHII				ROVIDE	OVIDE FINANCIAL AID				
										-				
or Paperwork Red	uction Ac	t Notice, s	ee the Instru	ctions for Fo	 orm 990 or 990-E	Z. Ca	l at. No. 50056A		Sch	edule i	L (Form	990 0	- 000-	F71 201

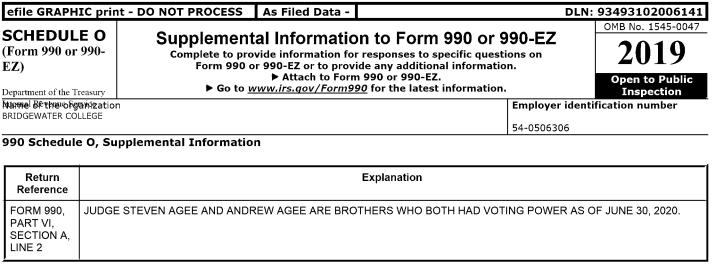
Explanation

Return Reference

Schedule I. (Form 990 or 990-F7) 2019

DLN: 93493102006141 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** BRIDGEWATER COLLEGE 54-0506306 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 5 Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 23 594,375 AVE HIGH/LOW AT TRANSFER 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 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (LIVESTOCK) 134,002 DONOR VALUE 26 Other ▶ (______) 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 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **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							
	tion. 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							
	Schedule M (Form 990) (2019)							



Explanation Return Reference

FORM 990. SECTION B LINE 11B. THE 990 WAS MADE AVAILABLE ONLINE TO THE ENTIRE BOARD OF TRUSTEES. THE AUDIT COMMITTEE REVIEWED THE FORM AND APPROVED IT FOR FILING SUBJECT TO THE REVIEW BY THE

PART VI. SECTION B. FULL BOARD. LINE 11B

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	MEMBERS OF THE BOARD OF TRUSTEES COMPLETE THE ANNUAL DISCLOSURE STATEMENT AND ANY DISCLOSU
PART VI,	RES ARE REVIEWED ACCORDING TO POLICY. THE DIRECTOR OF HUMAN RESOURCES COLLECTS THE ANNUAL
SECTION B,	DISCLOSURE FORMS FOR EMPLOYEES AND ANY EXCEPTIONS ARE REVIEWED BY THE VICE PRESIDENT FOR F
LINE 12C	INANCE.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES APPROVED THE PRESIDENT'S COMPENSATION. THE PART VI, E COMMITTEE USED PEER SALARY DATA FROM PUBLISHED SURVEYS FOR COMPARISON. THE COMMITTEE ALS SECTION B, O REVIEWED THE COMPENSATION FOR MEMBERS OF THE PRESIDENT'S CABINET.

Return Explanation
Reference

990 Schedule O, Supplemental Information

	FORM 990,	BRIDGEWATER COLLEGE DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILAB
	PART VI,	LE TO THE PUBLIC. THE COLLEGE'S CONFLICT OF INTEREST POLICY FOR EMPLOYEES IS AVAILABLE ON
	SECTION C,	THE COLLEGE'S WEBSITE IN THE EMPLOYEE HANDBOOK
ı	LINE 19	

Return Explanation Reference

FORM 990. CHANGE IN SPLIT INTEREST AGREEMENT -351,803.

PART XI. LINE 9:

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

BRIDGEWATER COLLEGE

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493102006141

Open to Public Inspection

Employer identification number

54-0506306

							
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) BRIDGEWATER COLLEGE PROPERTIES LLC 402 EAST COLLEGE STREET BRIDGEWATER, VA 22812 54-0506306	REAL ESTATE	VA	175,033	46,220	BRIDGEWATER COLLEGE		_
							_
							_
							-
Part II Identification of Related Tax-Exempt Organizations. (related tax-exempt organizations during the tax year.	Complete if the org	anization answered	"Yes" on Form 99	00, Part IV, line 3	34 because it had one or	· more	-
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity state (if section 501(c)(3	us Direct controlling entity	Section (13) cor	g) 512(b) ntrolled ity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135	Υ		Schedule R (Form	990) 20	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrelated excluded fr tax unde sections 51	ated, total incor d, rom er	f Share of end-of-year assets	(h) Disproprtionat allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1 d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		
q Reimbursement paid by related organization(s) for expenses				1 q		
r Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	volved	
						_

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

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

(a) Name, address, and EIN of entity	domicile income section total end-		(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	plemental Information							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation							