Form	990
Form	990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

to Public

Department of the Treasury Internal Revenue Service

for instruction	ons and the lates	t infor	mati	on.	Inspection
022	and ending	MAY	31,	2023	

AF	or the	2022 calendar year, or tax year beginning 000 1, 2022 and	ending M	AY 31, 2023			
B C a	heck if pplicabl	c Name of organization		D Employer identified	cation number		
	Addre] chang	BRYN MAWR COLLEGE					
	Name Chang	Doing business as	23-1352621				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r			
	Final return	610-526-5632					
	termir ated	G Gross receipts \$	516,687,477.				
	Amen return	BRIN MAWR, PA 19010		H(a) Is this a group re	eturn		
	Applic dition	for subordinates	? Yes 🗶 No				
	pendi	⁹⁹ SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No		
<u>I</u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemptio	n number		
		organization: X Corporation Trust Association Other	L Year	of formation: 1885	A State of legal domicile: PA		
Pa	rt I	Summary					
~	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E A RIGOR	OUS EDUCATION AND	D		
ъс		ENCOURAGE PURSUIT OF KNOWLEDGE AS PREPARATION FOR LIFE AND W	ORK.				
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	34		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			34		
s 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	2279		
/itie	6	Total number of volunteers (estimate if necessary)		6	992		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			-1,209,081.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	٥.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		27,740,557.	57. 28,895,686.		
Revenue	9	Program service revenue (Part VIII, line 2g)		116,861,719.	125,271,963.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		137,047,175.	. 87,211,331.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		384,630.	457,682.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		282,034,081.	241,836,662.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,240,472.	50,170,632.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		74,913,809.	79,931,884.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
kpe.		Total fundraising expenses (Part IX, column (D), line 25) 4,869,					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		58,447,553.	64,862,575.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		181,601,834.	194,965,091.		
	19	Revenue less expenses. Subtract line 18 from line 12		100,432,247.	46,871,571.		
or			Be	ginning of Current Year	End of Year		
Assets - d Balanc	20	Total assets (Part X, line 16)		1,590,150,712.	1,532,694,711.		
t As d B	21	Total liabilities (Part X, line 26)		147,475,296.	142,154,863.		
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		1,442,675,416.	1,390,539,848.		
Pa	rt II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and **gomplete.** Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Maura Janone		4	4/5/2024			
Sign	Signature of officer		Date				
Here	TIJANA STEFANOVIC, INTERIM CFO & CAG	0					
	Type or print name and title						
Paid	Print/Type preparer's name RUSSLEE L. ARMSTRONG						
Preparer	Firm's name GRANT THORNTON LLP	5	Firm'	sEIN 36-6055558			
Use Only	Firm's address 2001 MARKET STREET, SUIT	TE 700					
	PHILADELPHIA, PA 19103		Phon	e no.215-561-4200			
May the I	RS discuss this return with the preparer shown a	bove? See instructions					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	990 (2022) BRYN MAWR COLLEGE t III Statement of Program Service Acco	Page	23-1352621
	-	•	
	Check if Schedule O contains a response or no	te to any line in this Part III	
	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program	m services during the year which were not lis	ted on the
	prior Form 990 or 990-EZ?	C ,	
	If "Yes," describe these new services on Schedule O.		
	-		am services? Yes
	Did the organization cease conducting, or make signi	ficant changes in now it conducts, any progra	
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accompl		
	Section 501(c)(3) and 501(c)(4) organizations are requ	ired to report the amount of grants and alloca	ations to others, the total expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$148,429,75	including grants of \$ 50,069,2	217.) (Revenue \$ 121,618,
	INSTRUCTION: DURING THE YEAR, BRYN MAWR	COLLEGE'S ENROLLMENT CONSISTED	
	OF APPROXIMATELY 1,451 FULL AND PART-TI	ME UNDERGRADUATE STUDENTS AND	
	317 GRADUATE AND PROFESSIONAL STUDENTS.	IN FY2023, BRYN MAWR CONFERRED	
	325 BACHELOR'S DEGREES; 56 POST-BACCALA	-	
	DEGREES AND 12 DOCTORAL DEGREES. SEVENT	•	
	UNDERGRADUATE STUDENTS RECEIVED SOME FO		
	AID AWARD WAS \$62,230. IN ADDITION, DUR		
	COLLEGE PROVIDED \$1.3 MILLION IN SUBAWA	RDS TO OTHER INSTITUTIONS FOR	
	INSTRUCTION IN CRITICAL LANGUAGES.		
	RESEARCH: SINCE ITS FOUNDING IN 1885, T CHARACTER AS A SMALL RESIDENTIAL COMMUN		
	WORKING RELATIONSHIPS BETWEEN FACULTY A		
	TEACHERS/SCHOLARS EMPHASIZES LEARNING T		
	COLLABORATION, PRIMARY READING, ORIGINAL		
	THE COLLEGE'S FACULTY RESEARCH SUPPORT		
	INSTITUTIONAL COMMITMENT TO FACULTY SCH	JLARSHIP AND TO THE RELATIONSHIP	
	BETWEEN TEACHING AND RESEARCH.		
	(Code:) (Expenses \$2,073,40		158.) (Revenue \$1,282,
	PUBLIC SERVICE AND CIVIC ENGAGEMENT: BR	YN MAWR COLLEGE'S PHEBE ANNA	
	THORNE SCHOOL HAS BEEN SERVING FAMILIES	IN THE GREATER PHILADELPHIA	
	AREA FOR MORE THAN SIXTY YEARS. THE THO	RNE SCHOOL CONTINUES TO OFFER	
	DEVELOPMENTALLY ORIENTED, CHILD-CENTERE	D PRE-SCHOOL AND KINDERGARTEN	
	PROGRAMS. CIVIC ENGAGEMENT COLLABORATES	WITH COMMUNITY-BASED	
	ORGANIZATIONS TO PREPARE STUDENTS TO BE	SOCIALLY RESPONSIBLE LEADERS	
	AND CITIZENS THROUGH PURPOSEFUL ACTION	REFLECTION AND LEARNING A	
	AND CITIZENS THROUGH PURPOSEFUL ACTION,		
	WIDE VARIETY OF PROGRAMS INCLUDE PROVID	ING DIRECT SERVICE SUCH AS	
	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, A	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND	
	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, AN REFLECTING ON THAT SERVICE INSIDE AND O	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND	
	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, A	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND	
	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, A REFLECTING ON THAT SERVICE INSIDE AND O (SEE SCHEDULE O)	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND	
4d	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, AN REFLECTING ON THAT SERVICE INSIDE AND O (SEE SCHEDULE O) Other program services (Describe on Schedule O.)	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND UTSIDE OF A CLASSROOM SETTING.	
4d	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, AN REFLECTING ON THAT SERVICE INSIDE AND O (SEE SCHEDULE O) Other program services (Describe on Schedule O.) (Expenses \$ including grants	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND UTSIDE OF A CLASSROOM SETTING.)
4d	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, AN REFLECTING ON THAT SERVICE INSIDE AND OF (SEE SCHEDULE O) Other program services (Describe on Schedule O.) (Expenses \$ including grants	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND UTSIDE OF A CLASSROOM SETTING.)
4d	WIDE VARIETY OF PROGRAMS INCLUDE PROVID TUTORING, TAX PREPARATION, MENTORING, AI REFLECTING ON THAT SERVICE INSIDE AND OF (SEE SCHEDULE O) Other program services (Describe on Schedule O.) (Expenses \$ including grants Total program service expenses 1	ING DIRECT SERVICE SUCH AS ND LEADERSHIP TRAINING, AND UTSIDE OF A CLASSROOM SETTING.) Form 990

	Form 990 (2022) BRYN MAWR COLLEGE	23-1352621	F	bage 3
Pa	Part IV Checklist of Required Schedules			
			Yes	No
1	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private four	ndation)?		
	If "Yes," complete Schedule A		X	
2	2 Is the organization required to complete Schedule B, Schedule of Contributors? See in	nstructions2	X	
3				
	public office? If "Yes," complete Schedule C, Part I		_	X
4				
	during the tax year? If "Yes," complete Schedule C, Part II		X	
5	5			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		_	X
6	,	-		
	provide advice on the distribution or investment of amounts in such funds or accounts		_	X
7	, 3			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedu			X
8	8 Did the organization maintain collections of works of art, historical treasures, or other s	, ,		
_	Schedule D, Part III		X	<u> </u>
9		-		
	amounts not listed in Part X; or provide credit counseling, debt management, credit rep	-		l
	If "Yes," complete Schedule D, Part IV		_	X
10				
	or in quasi endowments? If "Yes," complete Schedule D, Part V		X	
11		Schedule D, Parts VI, VII, VIII, IX, or X,		
	as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line		x	
	Part VI			+
d	b Did the organization report an amount for investments - other securities in Part X, line 1		x	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			-
С	c Did the organization report an amount for investments - program related in Part X, line			x
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		;	
a	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or r			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	mplete Schedule D. Part X 11e		
f	e Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>co</i>	-	,	+
	f Did the organization's separate or consolidated financial statements for the tax year ind the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes,"		x	
100	12a Did the organization obtain separate, independent audited financial statements for the			-
120			x	
h	Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statemer			+
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D	-		x
13				
14a			-	+
b				\mathbf{T}
~	investment, and program service activities outside the United States, or aggregate fore			1
	or more? If "Yes," complete Schedule F, Parts I and IV	-	x	
15		r other assistance to or for any		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV			x
16				
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	-	х	
17				\uparrow
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	-		x
18				\uparrow
-	1c and 8a? If "Yes," complete Schedule G, Part II			x
19	· · · · · · · · · · · · · · · · · · ·			\uparrow
-	complete Schedule G, Part III			x
20a				x
b				\uparrow
21				1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Par	-	х	
232003	32003 12-13-22			(2022)

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4 2022.05080 BRYN MAWR COLLEGE

Form	990 (2022) BRYN MAWR COLLEGE Page 23-135262	1		4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
	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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		х
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
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	26		x
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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
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		x
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	Ĺ
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 358	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
232004	12-13-22	Form	220	(2022)

Form	990 (2022) BRYN MAWR COLLEGE 23-135262	1	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2279			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
· · 	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
2	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	х	
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	х	
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

Form	990 (2022) BRYN MAWR COLLEGE			23-13526		Pa	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	hrough	7b bel	ow, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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	1a		3	4		
	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 on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any oth	er			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, c	r			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e followi	ng:			
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	re filing	the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ine	depend	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						v
-	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			ition			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				401		
<u>Saa</u>	exempt status with respect to such arrangements?	<u></u>	<u></u>		16b		L
17			T /	FO1 (-)(0)	1- A		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	1a 990	- I (seci	ion 501(c)(3)	is only)	avallar	bie
	for public inspection. Indicate how you made these available. Check all that apply.						
40	X Own website Another's website X Upon request Other (explain)				d fire	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict c	or intere	est policy, an	d tinano	cial	
00	statements available to the public during the tax year.	40.00	d wa = -				
20	State the name, address, and telephone number of the person who possesses the organization's boc CONTROLLER - 610-526-5632	oks and	u record	s			
	101 N. MERION AVE, BRYN MAWR, PA 19010						
0000-					Earr	990	(2022)
232006	5 12-13-22 7				FUIII		(2022)
804	.05 153424 0175265-00002 2022.05080 BRYN MAW	RC	JL'LE	GE		01	752

Form 990 (202	2) BRYN MAWR COLLEGE	23-1352621	Page 1
Part VII C	ompensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
E	mployees, and Independent Contractors		
C	neck if Schedule O contains a response or note to any line in this Part VII		
Section A. C	officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	this table for all persons required to be listed. Report compensation for the calendar year end f the organization's current officers, directors, trustees (whether individuals or organizations).	5 5	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trustee		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	tional	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individ	In stitutio nal 1	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) BROOKE H. JONES	40.00	_	-		<u> </u>					
CHIEF INVESTMENT OFFICER	0.00	1			х			1,060,485.	0.	62,866.
(2) KIMBERLY E. CASSIDY	40.00									
PRESIDENT OF THE COLLEGE	0.00			х				631,261.	0.	122,410.
(3) GENE KIM	40.00									
DIRECTOR OF INVESTMENTS	0.00					X		409,060.	0.	30,868.
(4) HENRY PHAN	40.00									
DIR OF INV OPS & RISK MGMT	0.00					X		325,984.	0.	61,608.
(5) ROBERT A. MILLER	40.00									
CHIEF ALUM RELATIONS & DEV OFF	0.00				х			312,872.	0.	40,470.
(6) KARI FAZIO	40.00									
CFO & CAO	0.00			х				298,363.	0.	40,990.
(7) TIMOTHY HARTE	40.00									
PROVOST & PROFESSOR OF RUSSIAN	0.00			x				248,348.	0.	52,488.
(8) DEEPAK KUMAR	40.00									
PROFESSOR	0.00					X		226,058.	0.	61,479.
(9) GARY MCDONOGH	40.00									
PROFESSOR	0.00					X		205,295.	0.	73,769.
(10) DARLYNE BAILEY	40.00								_	
PROFESSOR	0.00					X		231,818.	0.	34,760.
(11) SAMUEL B. MAGDOVITZ	40.00								_	
COLLEGE COUNSEL	0.00			х				217,256.	0.	47,210.
(12) GINA SIESING	40.00									
CHIEF INFO OFFICER/DIR. OF LIBRARIES	0.00				х			220,041.	0.	37,632.
(13) RUTH LINDEBORG	40.00									40.000
SECRETARY OF THE COLLEGE	0.00			х				203,062.	0.	49,229.
(14) CHERYL LYNN HORSEY	40.00									
CHIEF ENROLLMENT OFFICER	0.00				х			207,978.	0.	44,087.
(15) JENNIFER WALTERS	40.00									24.020
DEAN OF UNDERGRAD CLG (THRU 9/22)	0.00				X			164,770.	0.	34,039.
(16) CYNTHIA ARCHER	3.00								_	^
CHAIR, BOARD OF TRUSTEES	0.00	X	-	X		-		0.	0.	0.
(17) HAZARA AKTHAR TRUSTEE	2.00	x						0.	<u>^</u>	^
	0.00	Δ						J0.	0.	0.

8

232007 12-13-22

Form 990 (2022)

Form 990 (2022) BRYN MAWR COL	LEGE								23-135262	21 Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
								(F)		
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours per					than d is both		compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	director				-		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	Institutional trustee		yee	amo		1099-NEC)		and related
	below	idual	utior	er	ƙey employee	est ci oyee	er			organizations
	line)	Indiv	In stit	Officer	Key e	Highest compensated employee	Former			
(18) CHRISTY A. ALLEN	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(19) SALLY BACHOFER	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(20) STEPHANIE L. BROWN	2.00									
TRUSTEE	0.00	x						0.	0.	0.
(21) CHARLIE BRUCE	2.00								••	
TRUSTEE (BEG FALL 2022)	0.00	x						0.	0.	0.
		^				-		0.	0.	<u> </u>
(22) CYNTHIA CHALKER	2.00									
TRUSTEE	0.00	Х				 		0.	0.	0.
(23) MARY L. CLARK	2.00									
TRUSTEE (BEG FALL 2022)	0.00	Х						0.	0.	0.
(24) CECILIA A. CONRAD	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(25) IVY GLUCK	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(26) RHEA GRAHAM	2.00									
TRUSTEE	0.00	x						0.	0.	0.
the Culture								4,962,651.	0	793,905.
1b Subtotal								4,502,051.	0.	0.
c Total from continuation sheets to Part VI									0.	
d Total (add lines 1b and 1c)								4,962,651.	-	793,905.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	105
compensation from the organization										135
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on	
line 1a? If "Yes," complete Schedule J for su	uch individual									3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from th	ne organization	
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	edule	e J fo	or such individual		4 X
5 Did any person listed on line 1a receive or a	,		'							
rendered to the organization? If "Yes." com										5 X
Section B. Independent Contractors	Diete Geneduit	<u>, </u>	01 30		00/3					
1 Complete this table for your five highest cor	npensated ind	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compens	ation from
the organization. Report compensation for t									, ,	
(A)	ne calendar ye		/ IGII	ig w						(0)
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
HSC BUILDERS & CONSTRUCTION MANAGERS								20001101101		
										2 217 110
304 NEW MILL LN, EXTON, PA 19341								BUILDING CONTRACTO	ĸ	3,317,119.
THE SULLIVAN CO										
2 LA GRANGE AVE, ESSINGTON, PA 19029							E	BUILDING CONTRACTO	R	2,927,834.
CHARLES H MACDONALD ELECTRIC INC, 30	S									
VALLEY ROAD, SUITE 310, PAOLI, PA 193	301						E	BUILDING CONTRACTO	R	1,671,209.
HATZEL & BUEHLER INC										
3600 SILVERSIDE RD, WILMINGTON, DE 19	9810						F	BUILDING CONTRACTO	R	1,368,540.
PAUL RESTALL CO INC										
PO BOX 250, SWARTHMORE, PA 19081							E	BUILDING CONTRACTO	R I	1,350,600.
2 Total number of independent contractors (ir	cluding but p	nt lin	niter	t to	thos	e lie				
\$100,000 of compensation from the organiz	•	. m			4		.00			
SEE PART VII, SECTION A CONTINU		тs			-					Form 990 (2022)
and the second the continue										1 UIIII 🗸 🗸 (2022)

		mployees, and Highest (iigiii	531 1		, ,	(F)
(A)	(B)		(C) Position					(D)	(E)	(F) Estimated
Name and title	Average hours	(check all that apply)					Iv)	Reportable compensation	Reportable compensation	amount of
	per	(0)					.,,	from	from related	other
	week					yee		the	organizations	compensatio
	(list any	rector				em plo		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			sated		(W-2/1099-MISC)		organization
	related organizations	rustee	l trust		ee	npens				and related organization
	below	Individual trustee or director	Institutional trustee	-	Key employee	stcor	r			organization
	line)	Indivi	Institu	Officer	Key el	Highest com pen sated em ployee	Former			
(27) JING-YEA HSU	2.00									
RUSTEE	0.00	х						٥.	0.	
(28) DIANE JAFFEE	2.00									
RUSTEE (BEG FALL 2022)	0.00	Х						0.	0.	
(29) KIKI JAMIESON	2.00									
TRUSTEE	0.00	х						0.	0.	
(30) TUJUANDA C. JORDAN	2.00									
RUSTEE	0.00	х						0.	0.	
(31) KAREN KERR	2.00									
TRUSTEE	0.00	х						0.	0.	
(32) GINA KIM	2.00								0	
TRUSTEE	0.00	X						0.	0.	
(33) JEFFREY I. KOHN	2.00	v						0	0	
TRUSTEE (34) AMY T. LOFTUS	0.00	X						0.	0.	
VICE CHAIR, BOARD OF TRUSTEES	0.00	x		x				0.	0.	
(35) PATRICK T. MCCARTHY	3.00	Δ		~				0.	0.	
SECRETARY, BOARD OF TRUSTEES	0.00	x		x				0.	0.	
(36) BARRY MILLS	2.00							`` •	••	
RUSTEE	0.00	x						0.	0.	
(37) SARA MORENO	2.00									
TRUSTEE	0.00	х						0.	0.	
(38) TIM BLAKE NELSON	2.00								-	
TRUSTEE	0.00	x						0.	0.	
(39) LORI A. PERINE	2.00									
RUSTEE (BEG FALL 2022)	0.00	х						0.	0.	
(40) MARGARET SARKELA	2.00									
RUSTEE	0.00	х						0.	0.	
41) THABANI SINKULA	2.00									
TRUSTEE	0.00	х						0.	0.	
42) JANET L. STEINMAYER	3.00									
VICE CHAIR, BOARD OF TRUSTEES	0.00	х		х				٥.	0.	
43) SASKIA SUBRAMANIAN	2.00									
RUSTEE	0.00	х						0.	0.	
(44) LORELEI A. VARGAS	2.00									
TRUSTEE	0.00	х						0.	0.	
(45) SEVERA VON WENTZEL	2.00									
RUSTEE	0.00	х						٥.	0.	
46) TERESA WALLACE	2.00									
RUSTEE	0.00	Х						٥.	0.	

232201 04-01-22

Form 990 BRYN MAWR COI									23-13526	521
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (· · ·	
(A)	(B)				C) sition			(D)	(E) Reportable	(F)
Name and title	Average hours	-					Iv)	Reportable compensation	compensation	Estimated amount of
	veek (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	(W-2/1099-MISC)	other compensation from the organization and related organizations
(47) ELIZABETH VOGEL WARREN	2.00				Ť		ш.			
TRUSTEE	0.00	x						٥.	0.	0.
(48) JENNIFER SUH WHITFIELD	2.00									
TRUSTEE	0.00	х						0.	0.	0.
(49) NANAR TABRIZI YOSELOFF	2.00									
TRUSTEE	0.00	х						0.	0.	0.
					\vdash					
					\vdash					
					-					
Total to Part VII, Section A, line 1c										

232201 04-01-22

ar	t VIII	Statement of Re	ven	ue						_
		Check if Schedule O	conta	ains a respo	onse	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclue from tax und sections 512 -
S	1 a	Federated campaigns 1a								300110113 0 12
and Other Similar Amounts										
no L										
A		Fundraising events								
IIIa						4,273,196.				
		Government grants (contr				4,275,150.				
e	т	All other contributions, gifts,				24 622 490				
		similar amounts not included			<u> </u>	24,622,490.				
	g	Noncash contributions included in	lines 1	a-1f 1g	\$	3,737,179.	20 005 606			
Ø	h	Total. Add lines 1a-1f					28,895,686.			
		CDOCC. WITHTON				Business Code	05 255 024	05 255 024		
	2 a	GROSS TUITION				611710	95,375,234.	95,375,234.		
e	b	ROOM AND BOARD				721310	22,590,951.	22,590,951.		
ent	с	OTHER AUXILIARY SVC				532000	3,306,883.	3,049,637.	257,246.	
e S	d	TRI-COLLEGE PROGRAM				611710	2,239,071.	2,239,071.		
٦	е	PUBLIC SERVICE FEES				611710	1,282,671.	1,282,671.		
E	f	All other program service	reve	nue		900099	477,153.	477,153.		
	g	Total. Add lines 2a-2f					125,271,963.			
	3	Investment income (includ	ding	dividends, i	intere	st, and				
		other similar amounts)					56,477,122.		-1,466,327.	57,943,4
	4	Income from investment of	of tax	-exempt bo	ond p	roceeds	62,944.			62,9
	5	Royalties	. <u></u>		<u></u>					
				(i) Rea	վ	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	305,522,	080.					
	b	Less: cost or other basis								
	-	and sales expenses	7b	274,850,	815.					
	c	Gain or (loss)								
		Net gain or (loss)					30,671,265.			30,671,2
		Gross income from fundraisi					, , , , , ,			
	0 4	including \$								
		contributions reported on								
		Part IV, line 18		,	8a					
	h	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin								
	9 a	-	-							
		Part IV, line 19								
		Less: direct expenses			9b	└────┤				
		Net income or (loss) from			es					
	10 a	Gross sales of inventory, I								
	_	and allowances								
		Less: cost of goods sold				1				
+	С	Net income or (loss) from	sales	s of invento	ory					
			~			Business Code				
Ð	11 a	VENDING, MISC. SALE	s,			900099	457,682.			457,6
enu	b									
ev	С									
ſ	d	All other revenue								
		Total. Add lines 11a-11d					457,682.			
		Total revenue. See instruction					241,836,662.	125,014,717.	-1,209,081.	89,135,3

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BRYN MAWR COLLEGE

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to domestic organizations				
ä	and domestic governments. See Part IV, line 21	1,352,144.	1,352,144.		
2 (Grants and other assistance to domestic				
i	individuals. See Part IV, line 22	48,598,259.	48,598,259.		
	Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	220,229.	220,229.		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	4,402,494.	408,624.	3,593,569.	400,301.
	Compensation not included above to disqualified	, , , -	1 -	, , -	/
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	57,094,615.	46,372,405.	7,872,420.	2,849,790.
	Other salaries and wages	57,094,015.	40,572,405.	7,072,420.	2,049,190.
	Pension plan accruals and contributions (include		2 722 402	1 0 2 0 4 7	077 OFF
	section 401(k) and 403(b) employer contributions)	5,039,205.	3,732,403.	1,028,947.	277,855.
	Other employee benefits	9,475,074.	7,141,359.	1,855,582.	478,133.
	Payroll taxes	3,920,496.	2,945,970.	768,797.	205,729.
	Fees for services (nonemployees):				
a	Management				
bl	Legal	158,257.	97,739.	60,505.	13.
С	Accounting	265,522.		265,522.	
dl	Lobbying	25,330.	573.	24,757.	
el	Professional fundraising services. See Part IV, line 17				
fl	Investment management fees	12,270,083.	51,697.	12,217,708.	678.
g (Other. (If line 11g amount exceeds 10% of line 25,				
(column (A), amount, list line 11g expenses on Sch 0.)	5,372,570.	3,702,544.	1,621,423.	48,603.
12	Advertising and promotion	112,514.	62,668.	49,554.	292.
13 (Office expenses	10,485,861.	8,190,598.	2,164,616.	130,647.
	Information technology	3,352,079.	1,837,244.	1,474,825.	40,010.
	Royalties				
	Occupancy	2,980,968.	2,559,955.	399,022.	21,991.
	Travel	2,147,444.	1,797,493.	199,897.	150,054.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,616,801.	1,038,154.	531,485.	47,162.
		4,816,113.	4,457,674.	301,612.	56,827.
	Interest Payments to affiliates	, , ,	, , –	, ,	,
	Depreciation, depletion, and amortization	13,663,603.	12,300,802.	1,201,578.	161,223.
	Insurance	1,213,381.	104,865.	1,108,516.	,
	Other expenses. Itemize expenses not covered	, ,	,	, ,	
á	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	STUDY ABROAD PROGRAM	2,942,005.	2,942,005.		
· ·	LIBRARY ACQUISITIONS	2,487,278.	2,487,278.		
~ .	BI/TRI-CLG. SHARED EXP	501,749.	471,198.	30,551.	
	POOLED INCOME FUND EXP	451,017.		451,017.	
· ·	All other expenses	, •, •		,01/.	
	·	194,965,091.	152,873,880.	37,221,903.	4,869,308.
	Total functional expenses. Add lines 1 through 24e	1,00,091.	152,075,000.	51,221,303.	=,009,500.
	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)		I	1	

BRYN MAWR COLLEGE

		Check if Schedule O contains a response or not	e to any lir	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,827.	1	7,828.		
	2	Savings and temporary cash investments			123,096,035.	2	130,701,560.
	3	Pledges and grants receivable, net	14,802,938.	3	13,923,321.		
	4	Accounts receivable, net			2,990,829.	4	3,091,976.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
s		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net	2,057,561.	7	1,867,114.		
Assets	8	Inventories for sale or use				8	
As	9	Duanatel surgers and stafe mail shows a			1,535,400.	9	1,533,744.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	457,004,253.			
	b	Less: accumulated depreciation		257,471,378.	199,533,052.	10c	199,532,875.
	11	Investments - publicly traded securities	549,553,981.	11	531,465,318.		
	12	Investments - other securities. See Part IV, line	691,339,021.	12	645,521,716.		
	13	Investments - program-related. See Part IV, line	0.	13	0.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		5,234,068.	15	5,049,259.	
	16	Total assets. Add lines 1 through 15 (must equ			1,590,150,712.	16	1,532,694,711.
	17	Accounts payable and accrued expenses			12,102,293.	17	11,729,067.
	18	Grants payable	241,356.	18	100,626.		
	19	Deferred revenue	4,446,254.	19	4,166,364.		
	20	Tax-exempt bond liabilities		119,060,709.	20	115,412,934.	
	21	Escrow or custodial account liability. Complete				21	
<i>"</i>	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ili l		controlled entity or family member of any of the		22			
Ë	23	Secured mortgages and notes payable to unrela	-	F		23	
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D			11,624,684.	25	10,745,872.
	26	Total liabilities. Add lines 17 through 25			147,475,296.	26	142,154,863.
		Organizations that follow FASB ASC 958, che	ck here	X			
es		and complete lines 27, 28, 32, and 33.					
anc	27				710,083,496.	27	693,076,078.
Bala	28	Net assets with donor restrictions			732,591,920.	28	697,463,770.
p		Organizations that do not follow FASB ASC 9					
۳.		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in		Alle and formed a		31	
-		Total net assets or fund balances		·····	1,442,675,416.	32	1,390,539,848.
et	32						

Form 990 (2022)

Form	990 (2022) BRYN MAWR COLLEGE	23-13	52621	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	241	,836,	662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	194	,965,	091.
3	Revenue less expenses. Subtract line 2 from line 1	3	46	,871,	571.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,442	,675,	416.
5	Net unrealized gains (losses) on investments	5	-99	,007,	139.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,390	,539,	848.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	X 000	

Form **990** (2022)

Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2022
Open to Public

nterr	iai R	evenu	ue Service	Go to www.irs.gov/	Form990 for instructior	is and the	e latest inf	ormation.		Inspection
Nan	ne	of th	he organization						Employer	r identification numbe
D				AWR COLLEGE						23-1352621
Pa			Reason for Public (ee instructior	IS.	
	org	_	zation is not a private found							
1		_	A church, convention of ch				on 170(b)(1	I)(A)(i).		
2	X	-	A school described in section							
3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4			A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
			city, and state:							
5			An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
			section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6			A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7			An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	he general	public described in
			section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8			A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9			An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	eor
			university:							
10			An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from
			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
			See section 509(a)(2). (Cor	mplete Part III.)						
11			An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12			An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
			more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
			lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	d 12g.	
а	ı] Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
			organization. You must c	complete Part IV, Se	ections A and B.					
b)] Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
			control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported
			organization(s). You mus	t complete Part IV,	Sections A and C.					
с	;] Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
			its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.		
d	1] Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)
			that is not functionally int	egrated. The organiz	zation generally must sati	sfy a distr	ibution rec	quirement and	d an attentiv	veness
			requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .		
е	,		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
			functionally integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	E	Inter	r the number of supported o	organizations						
g	j F		ide the following informatior							
		(i)) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
			organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

Schedule A	(Form	990	2022
		000	1 2022

Part II

BRYN MAWR COLLEGE

23-1352621 Page **2**

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 47,879,373 27,740,557. 28,895,686. 42,794,567 26,188,644 173,498,827. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 42 794 567 26,188,644, 47,879,373 27,740,557. 28 895 686. 173,498,827. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 2,404,740. 171,094,087. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(e) 2</u>022 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (d) 2021 (f) Total 42,794,567. 26,188,644. 47,879,373. 27,740,557. 28,895,686. 173,498,827. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 48,260,431. 49,286,492. 49,512,405 50,476,123. 56,540,066. 254,075,517. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 359,241. 432,245 278,581 384,630. 457,682. 1,912,379. 429,486,723. **11 Total support.** Add lines 7 through 10 564,098,795. **12** Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 39.84 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 45 08 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. 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 organization b 10% -facts-and-circumstances test - 2021. 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 supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2022

232022 12-09-22

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•							
	-						
1 a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		(1) 2010	(0) 2020	(4) 2021		(1) Fotos
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	, , , , , , , , , , , , , , , , , , ,						
_							
	Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital execute (cupler) in Dert 10						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	•• • • • • • • •	ne organization's fi	rst, second third	fourth, or fifth tax	vear as a section	501(c)(3) organ	ization,
	•	U		-	•		·
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
						16	%
	-						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18						18	%
19a		-					ne 17 is not
b							
<i>.</i> .							
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tl	his box and see in		
23202	3 12-09-22	Its contributions and inplementations and inpl					

18 2022.05080 BRYN MAWR COLLEGE

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

Yes No

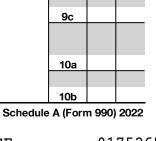
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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 supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



	has the organization accepted a gift of contribution normany of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
ec	tion B. Type I Supporting Organizations			
1			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
	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		
C	tion C. Type II Supporting Organizations			
			Yes	No
	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 supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s). tion D. All Type III Supporting Organizations	1		
C	tion D. All Type III Supporting Organizations		1	
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, 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		
eC	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	nstructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
•	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
	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	Oh		
	these activities but for the organization's involvement.	2b		
_	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
k	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" <i>provide details in</i> Part VI.	3a		
Ø	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>	- 000	0000
202	5 12-09-22 Schedu 20	le A (Forr	n 990)	2022
۸ (05 153424 0175265-00002 2022.05080 BRYN MAWR COLLEGE		Λ1	752

2022.05080 BRYN MAWR COLLEGE

Yes No

Schedule A (Form 990) 2022 BRYN MAWR COLLEGE Part IV Supporting Organizations (continued)

11	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 on lines 11b

chedule A (Form 990) 2022 BRYN MAWR COLLEGE		-ationa	23-1352621 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supportion 1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu		•	, -
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 Year (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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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 0.015 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 0.035.	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 0.85 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		
7 Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting org	anization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Sche	dule A (Form 990) 2022 BRYN MAWR COLLEGE				23-1352621	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)		
Sect	ion D - Distributions			•	Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	BRYN MAW	IR COLLEGE			23-1352621	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	required by Part II, line 10; Pa 11a, 11b, and 11c; Part IV, Se es 1c, 2a, 2b, 3a, and 3b; Part and 6. Also complete this part	ction B, lines 1 an V, line 1; Part V, S	d 2; Part IV, Sectior ection B, line 1e; Pa	٦C,
232028 12-09-2	2			23	:	Schedule A (Form	990) 2022

13580405 153424 0175265-00002

	For Org	anizations Exempt From Income	Tax Under section 5	501(c) and section 527	
Department of the Treasury	Complete	if the organization is described b	elow. Attach to Fo	orm 990 or Form 990-	EZ. Open to Public
Internal Revenue Service	G	o to www.irs.gov/Form990 for ins	structions and the la	test information.	Inspection
•		n Form 990, Part IV, line 3, or Form		e 46 (Political Campa	ign Activities), then
	•	plete Parts I-A and B. Do not comp			
		01(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Part I	-В.
 Section 527 organi 		-			
		n Form 990, Part IV, line 4, or Form			
	-	have filed Form 5768 (election und		-	
()()	•	have NOT filed Form 5768 (election			•
If the organization and Tax) (See separate ins		n Form 990, Part IV, line 5 (Proxy)	Tax) (See separate ii	nstructions) or Form §	990-EZ, Part V, line 35c (Proxy
	5), or (6) organizat	tions: Complete Part III.		1	
Name of organization				E	mployer identification number
	BRYN MAWR				23-1352621
Part I-A Comp	lete if the org	anization is exempt under	section 501(c) c	or is a section 527	organization.
1 Provide a descript	tion of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.	
2 Political campaigr	n activity expendit	ures			\$
3 Volunteer hours for	or political campai	ign activities			
Part I-B Comp	lete if the org	anization is exempt under	section 501(c)(3	3).	
		incurred by the organization under			
2 Enter the amount	of any excise tax	incurred by organization managers	under section 4955		\$
3 If the organization	incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
4a Was a correction	made?				
b If "Yes," describe	in Part IV.				
Part I-C Comp	lete if the org	anization is exempt under	section 501(c),	except section 50	1(c)(3).
1 Enter the amount	directly expended	d by the filing organization for section	on 527 exempt functi	on activities	. \$
2 Enter the amount	of the filing organ	ization's funds contributed to othe	r organizations for se	ction 527	
exempt function a	ctivities				\$
	-	s. Add lines 1 and 2. Enter here and			
		1120-POL for this year?			
		nployer identification number (EIN)			
		tion listed, enter the amount paid f		-	
	•	omptly and directly delivered to a s			
		additional space is needed, provide	· · · ·	, 1	5 5
(a) Nan	ne	(b) Address	(c) EIN	(d) Amount paid fro filing organization funds. If none, enter	's contributions received and
For Paperwork Reduc	tion Act Notice,	see the Instructions for Form 990) or 990-EZ.		Schedule C (Form 990) 2022

Political Campaign and Lobbying Activities

232041 11-08-22

LHA

SCHEDULE C

(Form 990)

OMB No. 1545-0047

99

section 501(h)). Check If the filing organization balongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check If the filing organization checked box A and "limited control" provisions apply. (a) Filing organization's totals I Total lobbying expenditures to influence public opinion (grassroots lobbying) 0. b Total lobbying expenditures to influence a legislative body (direct lobbying) 0. c Total lobbying expenditures (add lines 1 and 1b) 0. d Other exempt purpose expenditures (add lines 1 c and 1c) 0. f Loboying nontaxable amount. Enter the amount norm the following table in both columns. 0. If the amount of line 16, celum (a) or (b) is: The lobbying organization (b) 0. Over \$500,000 20% of the amount on line 10. 0. Over \$500,000 \$175,000 publis 10% of the excess over \$51,000,000. 0. Over \$1,000,000 \$175,000 publis 10% of the excess over \$1,000,000. 0. Over \$1,000,000 \$175,000 publis 10% of the excess over \$1,000,000. 0. Over \$1,000,000 \$1,000,000 \$175,000 publis 10% of the excess over \$1,000,000. Over \$1,000,000 \$1,000,000		BRYN MAW					1352621 Page 2
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing, organization structures interfect and structures (the term "expenditures to influence adjusted box (direct lobbying) 0. 1a Total lobbying expenditures to influence adjusted box (direct lobbying) 0. 0. c Total lobbying expenditures to influence adjusted box (direct lobbying) 0. 0. c Total lobbying expenditures (add lines 1 a and 1b) 0. 0. d Other axempt purpose expenditures (add lines 1 c and 1d) 0. 0. f Itotal lobbying nontaxable amount. Enter the amount from the following table in both columns. 0. Mt bit amount in file 1, (allow or \$1,000,000 20% of the amount on line 1. 0. Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 0% of the excess over \$1,000,000. 0. Over \$1,000,000 but not over \$1,000,000 \$10,000,000. \$10,000,000. \$10,000,000. Over \$1,000,000 but not over \$1,000,000 \$10,000,000. \$10,000,000. \$10,000,000. Over \$1,000,000 but not over \$1,000,000. \$10,000,000		anizatio	ı is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
B Check if the filing organization checked box A and "limited control" provisions apply. I if the filing organization checked box A and "limited control" provisions apply. (a) Filing organizations to tobbying Expenditures 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 0. b Total lobbying expenditures to influence a legislative body (direct lobbying) 0. c Total lobbying expenditures (add lines 1a and 1b) 0. d Other exempt purpose expenditures 0. i Total cobbying ontaxable amount. Enter the amount forn the following table in both columns. 0. If the amount on line 1, e(add lines 1a, add 1b) 0. 0. c Total cobbying ontaxable amount. Enter the amount forn line 1a. 0. Ver \$500,000 20% of the amount on line 1, e(add lines 1a, add 1b) 0. Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 19% of the excess over \$1,000,000. 0. Over \$1,000,000 but not over \$1,000,000 \$10,000,000. \$10,000,000. 9. Over \$1,000,000 but not over \$1,000,000 \$10,000,000. \$10,000,000. 9. Over \$1,000,000 but not over \$1,000,000. \$10,000,000. \$10,000,000. 9. I	section 501(h)).						
B Check If the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 0. b Total lobbying expenditures to influence a legislative body (direct lobbying) 0. c Total lobbying expenditures (add lines t a and 1b) 0. d Other exempt purpose expenditures (add lines t c and 1c) 0. ft the amount cont line 1e, column (a) or (b) is; The lobbying nontaxable amount. Enter the amount from the excess over \$1,000,000. 0. Over \$1,000,000 but not over \$1,000,000. \$120,000,000 but not over \$1,000,000. 1275,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,7000,000. \$120,000,plus 10% of the excess over \$1,000,000. 0. g Grassroots nontaxable amount (enter 25% of line 1f) 0. 0. h Subtract line 1 from line 1a. It zero or less, enter -0. 0. 0. g Grassroots nontaxable amount (enter 25% of line 1f) 0. 0. h Subtract line 1 from line 1a. It zero or less, enter -0. 0. 0. grasstroots nontaxable amount (enter 25% of line	A Check if the filing organization	tion belong	s to an affi	liated group (and list ir	n Part IV each affiliated	group member's nam	ie, address, EIN,
Limits on Lobbying Expenditures (a) Filing organization's totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) 0. b Total lobbying expenditures to influence public opinion (grassroots lobbying) 0. c Total lobbying expenditures to influence a legislative body (direct lobbying) 0. c Total lobbying expenditures (add lines t a and 1b) 0. d Other exempt purpose expenditures (add lines t c and 1c) 0. f Lobbying nontaxable amount. Einter the amount from the following table in both columns. 0. If the amount on line 1e, column (a) or (b) is; The lobbying buils 0% of the excess over \$500,000. 0. Over \$30,0000 but not over \$1,000,000 \$125,000 pub 10% of the excess over \$1,500,000. 0. Over \$1,000,000 \$1125,000 pub 10% of the excess over \$1,500,000. 0. Over \$1,000,000 \$112,000 pub 10% of the excess over \$1,500,000. 0. Over \$1,000,000 \$126,000 pub 10% of the excess over \$1,500,000. 0. Over \$1,000,000 \$126,000 pub 10% of the excess over \$1,500,000. 0. Over \$1,000,000 \$126,000 pub 10% of the excess over \$1,500,000. 0	expenses, and shar	e of excess	lobbying e	expenditures).			
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(The term "expenditures" means amounts paid or incurred.) Utility to the total in the term of the public option (grassroots lobbying) 0. 1a Total lobbying expenditures to influence a legislative body (direct lobbying) 0. 0. Total lobbying expenditures (add lines t a and 1b) 0. 0. Other exempt purpose expenditures (add lines t a and 1c) 0. 1 Lobbying nontaxable amount. Enter the amount on the following table in both columns. 0. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 0. Not over \$1.000.000 20% of the amount on line 1e. 0. Over \$500.000 0.000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1.000.000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000.000 \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 but not over \$1.000,000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 \$1.000,000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 \$1.000,000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 \$1.000,000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 \$1.000,000 \$125,000 plus 5% of the excess over \$1,000,000. Over \$1.000,000 \$1.000,000 \$125,000 plus 5% of the e	Limit	s on Lobb	vina Expe	nditures		., .	
b Total lobbying expenditures to influence a tegislative body (direct lobbying) 0. c Total lobbying expenditures (add lines 1c and 1b) 0. d Other exempt purpose expenditures (add lines 1c and 1a) 0. t Lobbying nontaxable amount. Enter the amount from the following table in both columns. 0. If the amount on line 1s, event purpose expenditures (add lines 1c and 1a) 0.						U U	totais
b Total lobbying expenditures to influence a tegislative body (direct lobbying) 0. c Total lobbying expenditures (add lines 1c and 1b) 0. d Other exempt purpose expenditures (add lines 1c and 1a) 0. t Lobbying nontaxable amount. Enter the amount from the following table in both columns. 0. If the amount on line 1s, event purpose expenditures (add lines 1c and 1a) 0.	1. Total labbuing averageitures to influ						0
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d Other exempt purpose expenditures (add lines to and 10) 0. e Total exempt purpose expenditures (add lines to and 10) 0. f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 0. If the amount online 1e, column (a) or (b) is: The lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount online 1e, column (a) or (b) is: The lobbying nontaxable amount. Enter the amount from the following table in both columns. Not ver \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$105,000 plus 15% of the excess over \$1,000,000. Over \$17,000,000 \$100,000. Subtract line 1g from line 1a. If zero or less, enter -0. 0. i Subtract line 1f from line 1a. If zero or less, enter -0. 0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.) Lobbying Expenditures During 4. Year Averaging Period (d) 2022 (e) Total c							
e Total exempt purpose expenditures (add lines 1c and 1d) t_bits amount on line 1e, column (a) or (b) is: The tobbying nontaxable amount. Not over \$500,000 20% of the amount on line 1e. Over \$51,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 Uver \$1,000,000 \$17,000,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 S170,0000 \$100,000 \$100,000 S170,000,000 \$100,000 \$100,000<td></td><td></td><td></td><td></td><td></td><td></td><td>0.</td>							0.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$51,000,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1 from line 1a. If zero or less, enter -0. i Subtract line 1 from line 1a. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes Ves No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 21.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022				\ \			
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h h Subtract line 1 from line 1a. If zero or less, enter -0. i j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 27.) Lobbying Expenditures During 4-Year Averaging Period 2a Lobbying nontaxable amount i) i) b Lobbying celling amount (150% of line 2a, column(e)) i) i) Calendar year (or fiscal year beginning in) i) i) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$11,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)							
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$100,000 but not over \$1,000,000. B Grassroots nontaxable amount (enter 25% of line 1f)		(2)					
Over \$1,000,000 but not over \$1,500,000 \$175,000 puts 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. g Grassroots nontaxable amount (enter 25% of line 1f)		0,000					
Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)	Over \$1,000,000 but not over \$1,50	00,000					
g Grassroots nontaxable amount (enter 25% of line 1f)	Over \$1,500,000 but not over \$17,0						
h Subtract line 1g from line 1a. If zero or less, enter -0. i Subtract line 1f from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying ceiling amount (150% of line 2a, column(e)) (b) 2020 (c) 2021 (d) 2022 (e) Total c Total lobbying expenditures	Over \$17,000,000		\$1,000,	000.			
h Subtract line 1g from line 1a. If zero or less, enter -0. i Subtract line 1f from line 1c. If zero or less, enter -0. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying ceiling amount (150% of line 2a, column(e)) (b) 2020 (c) 2021 (d) 2022 (e) Total c Total lobbying expenditures							
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) (c) Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	g Grassroots nontaxable amount (ent	ter 25% of	ine 1f)				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes No Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	h Subtract line 1g from line 1a. If zero	o or less, ei	nter -0				
reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount b Lobbying celling amount (150% of line 2a, column(e)) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total d Grassroots nontaxable amount d Grassroots celling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures d Grassroots celling amount (150% of line 2d, column (e))	i Subtract line 1f from line 1c. If zero	or less, en	ter -0				
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying enditures b Lobbying ceiling amount (150% of line 2a, column(e)) d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures <	j If there is an amount other than zer	o on either	line 1h or	line 1i, did the organiza	ation file Form 4720		
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))	reporting section 4911 tax for this	year?					Yes No
See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount					• •		
Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount	(Some organizations th				-	of the five columns b	elow.
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))			•				
(or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 10tal 2a Lobbying nontaxable amount		LODD	ying Expe	laitures During 4- rea	ar Averaging Period		
(or fiscal year beginning in) Image: Constraint of the second s	Calendar year	(\mathbf{a})	010	(b) 2020	(a) 2021	(4) 2022	(a) Total
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	(or fiscal year beginning in)	(a) 2	013	(0) 2020	(0) 2021	(u) 2022	
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures							
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	22 Lobbying poptaxable amount						
(150% of line 2a, column(e))							
c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	, , , ,						
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	(
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	c Total lobbying expenditures						
e Grassroots ceiling amount (150% of line 2d, column (e)) Image: Column (e) f Grassroots lobbying expenditures Image: Column (e)							
e Grassroots ceiling amount (150% of line 2d, column (e)) Image: Column (e) f Grassroots lobbying expenditures Image: Column (e)	d Grassroots nontaxable amount						
f Grassroots lobbying expenditures							
	(150% of line 2d, column (e))						
	f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?	X			25,330.	
	Total. Add lines 1c through 1i				25,330.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(a)(5) or oog	tion		
Fai	501(c)(6).		b), or sec	uon		
	501(c)(0).			Yes	No	
				165	NO	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Pai	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion		
I a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is	
	answered "Yes."			п <i>А</i> , шю	0,13	
			1			
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
2	expenses for which the section 527(f) tax was paid).	dl				
-			2a			
	Current year					
c	Carryover from last year					
_						
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		3			
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
			4			
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4			
	t IV Supplemental Information	<u></u>	j כ			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	liet): Dart II.	A lines 1 a	nd 2 (See		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	1131), 1 art 11		10 2 (000		
	F II-B, LINE 1, LOBBYING ACTIVITIES:					
	,,,					
BRYI	N MAWR COLLEGE MAINTAINS PROFESSIONAL MEMBERSHIPS WITH MANY EXEMPT					
ORG	ANIZATIONS THAT AS PART OF THEIR MISSIONS STRIVE TO REPRESENT THE					
INT	ERESTS AND VIEWPOINTS OF HIGHER EDUCATION TO THE NATIONAL AND STATE					
LEG:	ISLATURES. ACCORDINGLY, A PORTION OF THE DUES PAID TO THESE MEMBERSHIP					
ORG	ANIZATIONS IS REPORTED HERE AS IT MAY BE ATTRIBUTABLE TO LOBBYING					

232043 11-08-22

 Schedule C (Form SB0) 2022
 DATA MARK COLLEGE
 23=1332021
 Page 4

 Part IV
 Supplemental Information (continued)

 ACTIVITIES. SOME OF THESE ORGANIZATIONS ARE: NATIONAL ASSOCIATION OF

 College AND UNIVERSITY BUSINESS OFFICERS (NACUBO), ASSOCIATION OF

 INDEPENDENT COLLEGES AND UNIVERSITIES OF PENNSYLVANIA (AICUP), AMERICAN

 ASSOCIATION OF UNIVERSITY WOMEN (AAUW), PENNSYLVANIA CONSORTIUM FOR THE

 LIBERAL ARTS (PCLA), NATIONAL ASSOCIATION OF STUDENT FINANCIAL AID

 ADMINISTRATORS (NASFAA), NATIONAL ASSOCIATION OF COLLEGE AND UNIVERSITY

 ATTORNEYS (NACUA), NATIONAL ASSOCIATION OF CLERY COMPLIANCE OFFICERS AND

 PROFESSIONALS (NACCOP), NATIONAL ASSOCIATION FOR COLLEGE ADMISSION

 COUNSELING (NACAC), COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR

 HUMAN RESOURCES (CUPA-HR), CONSORTIUM ON FINANCING HIGHER EDUCATION

(COFHE), AND ASSOCIATION OF AMERICAN COLLEGES AND UNIVERSITIES (AAC&U).

Schedule C (Form 990) 2022

232044 11-08-22

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

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.



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

Name of the or	rganization
----------------	-------------

Employer identification number

23-1352621	
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	BRYN MAWR COLLEGE				-1352621
Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds or A	ccounts. Co	mplete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advise	d funds	(b) Funds and o	ther accounts
1	Total number at end of year				
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 advisors in v	writing that the assets he	ld in donor advised fur	nds	
U	are the organization's property, subject to the organization's	-		_	Yes No
6	Did the organization inform all grantees, donors, and donor a				
0	for charitable purposes and not for the benefit of the donor o				
		,	, , ,	ů –	Yes No
Par					
-			on Form 990, Fait N	7, III e 7.	
	Purpose(s) of conservation easements held by the organization				t laws and an
	Preservation of land for public use (for example, recrea		Preservation of a hist	• •	
	Protection of natural habitat		Preservation of a cer	timed historic stru	icture
•	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribu	ition in the form of a co		he End of the Tax Year
	day of the tax year.				
a	Total number of conservation easements			2a	
b				<u>2b</u>	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
				2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the orgar	nization during th	e tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of	_	
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservati	on easements du	uring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation ea	asements during	the year
-					
8	Does each conservation easement reported on line 2(d) abov				
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation		· · · · · · · · · · · · · · · · · · ·		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements th	nat describes the	
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tro	ouros or Othor	Similar Accot	0
Fai		-	asures, or other a	Similar Asset	5.
	Complete if the organization answered "Yes" on Form				
1 a	If the organization elected, as permitted under FASB ASC 95	•			S
	of art, historical treasures, or other similar assets held for pub			ance of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service	ce,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
					25,267,697.
2	If the organization received or held works of art, historical treater			provide	
	the following amounts required to be reported under FASB A	-			
а	Revenue included on Form 990, Part VIII, line 1				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedul	e D (Form 990) 2022
232051	09-01-22	2.4			
		34			

2022.05080 BRYN MAWR COLLEGE

Sche	dule D (Form 990) 2022 BRYN MAWR (352621	F	Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or O	Other S	imilar Asse	ets _{(contil}	nued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	following that m	nake signi [.]	ficant use of it	ts			
	collection items (check all that apply):									
а	X Public exhibition	d	I X Loan or exc	hange program						
b	X Scholarly research	е								
с	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization'	s exempt	purpose in Pa	art XIII.			
5	During the year, did the organization solicit o									
-	to be sold to raise funds rather than to be ma					r	Yes	X	No	
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa		sto in the organizatio			in ooo, i arti	v, into o, or			
19	Is the organization an agent, trustee, custodi		iany for contribution	s or other asset	s not incl	uded				
ia	on Form 990, Part X?		•				Yes		No	
h	If "Yes," explain the arrangement in Part XIII					I	165			
D		and complete the lo	iowing table.				Amoun	+		
						4	Amoun			
	Beginning balance									
	Additions during the year					1d				
e	Distributions during the year					1e				
Ť	Ending balance								<u> </u>	
	Did the organization include an amount on F					l	Yes			
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete					Thursday ha	ale (-) [au			
		(a) Current year	(b) Prior year	(c) Two years	. ,	Three years ba	. ,			
1a	Beginning of year balance	1,240,892,999.		901,011,		925,190,91				
b	Contributions	22,981,026.	16,353,429.			15,795,015. 25,129,386				
С	Net investment earnings, gains, and losses	-17,043,862.	63,795,654.			17,392,216. 22,985				
d	Grants or scholarships	10,127,987.	9,371,450.	9,003,	696.	8,654,44	0. 8	,286	,493.	
е	Other expenditures for facilities									
	and programs	44,406,144.	41,195,219.	41,361,	957.	40,603,78	1. 40	,078	,955.	
f	Administrative expenses	15,309,000.	13,040,000.			8,108,90	0. 8	,549	,746.	
g	End of year balance	1,176,987,034.	1,240,892,999.	1,224,350,	585.	901,011,02	7. 925	,190	,917.	
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a))) held as:						
а	Board designated or quasi-endowment	42.9800	%							
b	Permanent endowment 27.6500	%	_							
с	Term endowment 29.3700	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered	l for the					
	organization by:	Ũ						Yes	No	
	(i) Unrelated organizations						3a(i)		X	
	(ii) Related organizations								X	
b	If "Yes" on line 3a(ii), are the related organiza								\square	
4	Describe in Part XIII the intended uses of the								<u> </u>	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere), Part IV, line 11a. S	ee Form 990, F	Part X, line	e 10.				
	Description of property	(a) Cost or o		or other	(c) Accu		(d) Boo	k valı		
	Description of property	basis (investr		(other)	. ,	ciation	(u) D00	in vaic	ie.	
10	Land			,869,387.			8	869	,387.	
	Land			,402,663.	216	,336,972.		· · · ·	, <u>507.</u> ,691.	
	Buildings		576	, 102, 003.	210	, , . , . ,	102	,	,	
	Leasehold improvements		<u> </u>	,586,969.	3 E	,969,761.	¢ זר	617	,208.	
	Equipment			,145,234.		, 164, 645.			<u>,208.</u> ,589.	
	Other			, ,		, ,			, 389. , 875.	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, column (B), line 1</u>	<u>0c.)</u>						
						Sched	ule D (Forr	n 990) 2022	

232052 09-01-22

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	536,520,716.	END-OF-YEAR MARKET VALUE
(B) DIVERSIFIERS	109,001,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	645,521,716.	

Der	+ \ //III		lan and and		-	Dire						
lotal.	(UOL (b) must ec	jual Fo	orm 99	90, Part	: Х, С	ol. (B) line	12.)	0	45

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	1. (a) Description of liability			
(1)	Federal income taxes			
(2)	ANNUITY OBLIGATIONS	6,039,348.		
(3)	OTHER LT LIABILITIES	6,039,348. 4,706,524.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,745,872.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

13580405 153424 0175265-00002

Schedule D (Form 99	00) 2022 BRYN MAWR COLLEGE		Page	23-13	52621 4
Part XI Reco	nciliation of Revenue per Audited Financia	al Statements With	Revenue per Re	turn.	
Comple	te if the organization answered "Yes" on Form 990, Pa	ırt IV, line 12a.			
1 Total revenue,	gains, and other support per audited financial stateme	nts		1	80,280,954.
2 Amounts inclu	ded on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized	gains (losses) on investments	2a	-99,007,139.		
	es and use of facilities				
	orior year grants				
d Other (Describ			-46,672,910.		
e Add lines 2a th	nrough 2d			2e	-145,680,049.
3 Subtract line 2	e from line 1			3	225,961,003.
	ded on Form 990, Part VIII, line 12, but not on line 1:				
a Investment exp	penses not included on Form 990, Part VIII, line 7b	4a	15,875,659.		
b Other (Describ	e in Part XIII.)	4b			
c Add lines 4a a				4c	15,875,659.
5 Total revenue.	5	241,836,662.			
Part XII Reco	nciliation of Expenses per Audited Financ	ial Statements With	I Expenses per F	Return.	
Comple	te if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.			
1 Total expenses	and losses per audited financial statements			1	132,416,522.
2 Amounts inclu	ded on line 1 but not on Form 990, Part IX, line 25:				
a Donated service	es and use of facilities	2a			
b Prior year adju	stments	2b			
c Other losses		2c			
	e in Part XIII.)				
e Add lines 2a th	nrough 2d			2e	٥.
3 Subtract line 2	e from line 1			3	132,416,522.
	ded on Form 990, Part IX, line 25, but not on line 1:				
a Investment exp	penses not included on Form 990, Part VIII, line 7b	4a	15,875,659.		
b Other (Describ	e in Part XIII.)	4b	46,672,910.		
c Add lines 4a a				4c	62,548,569.
5 Total expenses	s. Add lines 3 and 4c. (This must equal Form 990. Part i	I. line 18.)		5	194,965,091.
Part XIII Suppl	emental Information.	. ,			
Provide the descripti	ons required for Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV, lines 1b	and 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines 2d and 4b; and	Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional infor	mation.		

PART III, LINE 4:

THE COLLEGE'S ART AND ARTIFACT COLLECTIONS NUMBER MORE THAN 50,000

OBJECTS. THESE COLLECTIONS ENCOMPASS FIVE AREAS: FINE ARTS AND MUSIC;

ARCHAEOLOGY; DECORATIVE ARTS; AND GEOLOGY. THE COLLECTIONS ENHANCE THE

MISSION OF BRYN MAWR COLLEGE AND SERVE AS A RESOURCE FOR DIVERSE ACADEMIC

DEPARTMENTS, INCLUDING HISTORY OF ART, CLASSICS, ANTHROPOLOGY, FINE ARTS,

GROWTH AND STRUCTURE OF CITIES, GEOLOGY, HISTORY AND LANGUAGES. EACH YEAR

HUNDREDS OF OBJECTS FROM THE COLLECTIONS ARE UTILIZED FOR RESEARCH BY

FACULTY, STUDENTS, AND OUTSIDE SCHOLARS. IN ADDITION, OBJECTS ARE

REGULARLY LOANED TO REGIONAL, NATIONAL, AND INTERNATIONAL MUSEUM

EXHIBITIONS.

232054 09-01-22

PART V, LINE 4:

THE COLLEGE'S ENDOWMENT FUNDS CONSIST OF BOTH DONOR RESTRICTED AND BOARD

DESIGNATED FUNDS. THE ENDOWMENT SUPPORTS GRANTS, INSTRUCTIONAL AND

RESEARCH PROGRAMS, LECTURES, LIBRARY PURCHASES, AND GENERAL OPERATIONS.

PART X, LINE 2:

FIN 48 FOOTNOTE

THE COLLEGE HAS BEEN GRANTED TAX-EXEMPT STATUS AS A NON-PROFIT

ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND

ACCORDINGLY, FILES ANNUALLY FEDERAL TAX FORM 990 (RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX). THE COLLEGE ALSO FILES FEDERAL TAX FORM 990-T

(EXEMPT ORGANIZATIONS BUSINESS INCOME TAX RETURN). THE COLLEGE MONITORS

AND EVALUATES ITS ACTIVITIES FOR UNRELATED BUSINESS INCOME.

THE TAX CUTS AND JOBS ACT (THE "ACT") WAS ENACTED ON DECEMBER 22, 2017.

THE ACT IMPACTS THE COLLEGE IN SEVERAL WAYS, INCLUDING AN EXCISE TAX ON

NET INVESTMENT INCOME. CHANGES TO THE NET OPERATING LOSS RULES. REPEAL OF

THE ALTERNATIVE MINIMUM TAX (AMT), AND THE COMPUTATION OF UBTI SEPARATELY

FOR EACH UNRELATED TRADE OR BUSINESS. THE COLLEGE HAS USED THE PUBLISHED

FEDERAL GUIDANCE TO ESTIMATE THE TAX LIABILITY THAT THE ACT HAS CREATED

FOR THE YEARS ENDING WITH MAY 31, 2023 AND MAY 31, 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DISCOUNTS FOR TUITION, ROOM, AND BOARD (RECLASS) -46,672,910.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

13580405 153424 0175265-00002

DISCOUNTS FOR TUITION, ROOM, AND BOARD (RECLASS) 46,672,910.

Schedule D (Form 990) 2022

232055 09-01-22

38 2022.05080 BRYN MAWR COLLEGE

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990)

Schools

OMB No. 1545-0047

Open to Public

22

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.

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

Name of the organization

Employer identification number 23-1352621

Inspection

20

BRYN MAWR COLLEGE		

Part I			
		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarshi	ps? 2	х	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
BRYN MAWR COLLEGE'S POLICY IS POSTED ON ITS WEBSITE AND			
CONTAINED IN PRINTED ENROLLMENT MATERIALS PROVIDED TO ALL			
PROSPECTIVE STUDENTS.			
4 Does the organization maintain the following?			
 a Records indicating the racial composition of the student body, faculty, and administrative staff? 	4a	х	
 b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 		x	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	4c	x	
with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?		x	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4 0		
	_		
5 Does the organization discriminate by race in any way with respect to:	—		
a Students' rights or privileges?	5a		X
b Admissions policies?			х
c Employment of faculty or administrative staff?			Х
d Scholarships or other financial assistance?	5d		х
e Educational policies?			х
f Use of facilities?			Х
g Athletic programs?			X
h Other extracurricular activities?			х
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?	6a	х	
b Has the organization's right to such aid ever been revoked or suspended?	6b		х
If you answered "Yes" on 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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering			
			1
racial nondiscrimination? If "No," explain on Part II	7	х	۱ <u> </u>

Schedule E (Form 990) 2022 BRYN MAWR COLLEGE	23-1352621	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.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
BRYN MAWR COLLEGE RECEIVES FEDERAL, STATE, AND LOCAL GOVERNMENT FUNDING		
FOR FINANCIAL AID, PROGRAM SUPPORT, AND RESEARCH.		
232062 10-18-22	Schedule E (Form	990) 2022
40	-	01750

13580405 153424 0175265-00002

232071 10-17	7-22					
12500405	1 5 2 4 3 4	0175265 00002	41		MALID	
13580405	153424	0175265-00002	2022.05080	BRIN	MAWR	COLLEGE

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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.

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

BRYN MAWR COLLEGE

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

-			
3	Activities per Region	(The following Part I, line 3 table can be duplicated 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	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	CURRICULUM	6,001.
CENTRAL AMERICA AND THE CARIBBEAN	0	0		RESEARCH AND PROFESSIONAL DEVELOPMENT	6,860.
EAST ASIA AND THE PACIFIC	0	0	FUNDRAISING	FUNDRAISING	23,604.
EAST ASIA AND THE PACIFIC	0	0		RESEARCH AND PROFESSIONAL DEVELOPMENT	19,419.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD	103,206.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	FELLOWSHIPS	40,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RECRUITING	7,263.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	FUNDRAISING	14,588.
 3 a Subtotal b Total from continuation sheets to Part I 	0	0			220,941. 365,934,005.
c Totals (add lines 3a and 3b)	0	10			366,154,946.

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

Schedule F (Form 990) 2022



Γ No

Employer identification number

23-1352621

Internal Revenue Service

Part I Continuation	n of Activitie	s per Region	• (Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	CURRICULUM	179,780.
/ /					
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH AND PROFESSIONAL DEVELOPMENT	147,367.
					117,007.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD	1,198,622.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	FELLOWSHIPS	88,741.
			INGRAM SERVICES		00,741
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	INVESTMENTS	INVESTMENTS	29,936
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	9	PROGRAM SERVICES	SUMMER LANGUAGE SCHOOL	219,649.
MIDDLE EAST AND NORTH AFRICA	0	0	FUNDRAISING	FUNDRAISING	664.
	0	0	FUNDRATSING	FUNDRAISING	004.
AIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	CURRICULUM	52,042.
MIDDLE EAST AND				RESEARCH AND	
NORTH AFRICA	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	10,510.
MIDDLE EAST AND					
NORTH AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	27,147.

232181 04-01-22

offices in the region employees or agents in region (by program recipied MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM NORTH AFRICA 0 0 PROGRAM NORTH AMERICA 0 0 FUNDRAT NORTH AMERICA 0 0 PROGRAM NORTH AMERICA 0 0 PROGRAM SOUTH AMERICA 0 0 PROGRAM SOUTH AMERICA 0 0 PROGRAM	vities conducted in region type) (i.e., fundraising, ram services, grants to nts 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 SERVICES FELLOWSHIPS 10,079 SING FUNDRAISING 200 SERVICES FELLOWSHIPS 18,276 SERVICES FELLOWSHIPS 5,716
NORTH AFRICA 0 0 FUNDRAT	SING FUNDRAISING 200 RESEARCH AND SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AFRICA 0 0 FUNDRAT	SING FUNDRAISING 200 RESEARCH AND SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 FUNDRAI	SING FUNDRAISING 200 RESEARCH AND SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 PROGRAM	RESEARCH AND SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 PROGRAM	RESEARCH AND SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 PROGRAM	SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 PROGRAM	SERVICES PROFESSIONAL DEVELOPMENT 18,278 SERVICES FELLOWSHIPS 5,718
NORTH AMERICA 0 0 PROGRAM	SERVICES FELLOWSHIPS 5,718
SOUTH AMERICA 0 0 FUNDRAI	
SOUTH AMERICA 0 0 FUNDRAI	
SOUTH AMERICA 0 0 PROGRAM	SING FUNDRAISING 1,418
SOUTH AMERICA 0 0 PROGRAM	FUNDRAISING 1,418
	RESEARCH AND
SOUTH AMERICA 0 0 PROGRAM	SERVICES PROFESSIONAL DEVELOPMENT 12,246
SOUTH AMERICA 0 0 PROGRAM	
	SERVICES STUDY ABROAD 77,460
SOUTH AMERICA 0 0 PROGRAM	SERVICES FELLOWSHIPS 4,000
SUB-SAHARAN AFRICA 0 0 FUNDRAI	SING FUNDRAISING 2,946
SUB-SAHARAN AFRICA 0 0 PROGRAM	1
	SERVICES CURRICULUM 219,874
Totals	SERVICES CURRICULUM 219,874

04-01-22

(a) Region	(b) Number of	(c) Number of	(Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) Region	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditures
	in the region	agents in	program services, grants to	describe specific type	for region
		region	recipients located in the region)	of service(s) in region	
				RESEARCH AND	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	420
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	STUDY ABROAD	32,550
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	FELLOWSHIPS	6,690
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	CURRICULUM	5,006
RUSSIA AND				RESEARCH AND	
NEIGHBORING STATES	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	8,431.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	STUDY ABROAD	47,520
RUSSIA AND					
NEIGHBORING STATES	0	0	PROGRAM SERVICES	FELLOWSHIPS	65,000
				RESEARCH AND	
SOUTH ASIA	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT	596.
SOUTH ASIA	0	0	PROGRAM SERVICES	STUDY ABROAD	24,811
					27,011
SOUTH ASIA	0	0	PROGRAM SERVICES	RECRUITING	4,407
Totals					

232181 04-01-22

Schedule F (Form 990) Part I Continuatio	BRYN MAWR CC		I. (Schedule F (Form 990), Part I, line 3	23-1352621	Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	INVESTMENTS	INVESTMENTS	9,728
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	INVESTMENTS	INVESTMENTS	338,268,075
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	INVESTMENTS	19,507,394
NORTH AMERICA	0	0	INVESTMENTS	INVESTMENTS	5,646,700
Totals		10			365,934,005

232181 04-01-22

13580405 153424 0175265-00002

3 Enter total number of other organizations or entities

()	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
2 Enter total number of	l recipient organizatior	l ns listed above that are r	ecognized as charities by the f	oreign country, r	ecognized as a tax			<u> </u>

(e) Amount

Schedule F (Form 990) 2022 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

1

(a) Name of organization

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(c) Region

(d) Purpose of

grant

BRYN MAWR COLLEGE

(b) IRS code section

and EIN (if applicable)

23-1352621

(f) Manner of

of cash grant cash disbursement

(g) Amount of

noncash

(h) Description

of noncash

Page 2

(i) Method of

valuation (book, FMV,

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

(a) Type of grant or assistance

BRYN MAWR COLLEGE

(b) Region

Part III can be duplicated if additional space is needed.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

	EAST ASIA AND THE					
ELLOWSHIP AND PRIZES	PACIFIC	1	40,000.	BANK CHECK	0.	FMV
	EUROPE (INCLUDING					
TELLOWAUTE AND DELLES	ICELAND &	5.2	00 741		0	ENG 7
ELLOWSHIP AND PRIZES	GREENLAND)	53	88,741.	BANK CHECK	0.	FMV
	MIDDLE EAST AND					
FELLOWSHIP AND PRIZES	NORTH AFRICA	7	10,079.	BANK CHECK	0.	FMV
		2	F 710			
ELLOWSHIP AND PRIZES	NORTH AMERICA	3	5,718.	BANK CHECK	0.	FMV
	RUSSIA AND					
	NEIGHBORING					
FELLOWSHIP AND PRIZES	STATES	3	65,000.	BANK CHECK	0.	FMV
	COURT AMEDICA	1	4 000		0	ENG7
FELLOWSHIP AND PRIZES	SOUTH AMERICA	1	4,000.	BANK CHECK	0.	FMV
	SUB-SAHARAN					
FELLOWSHIP AND PRIZES	AFRICA	27	6,690.	BANK CHECK	0.	FMV

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

(e) Manner of

cash disbursement

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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)	X Yes	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2022

232074 10-17-22

Part V Supplemental Information

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

PART I, LINE 2:

BRYN MAWR COLLEGE STUDENTS MUST SUBMIT AN APPLICATION TO PARTICIPATE IN

THE STUDY ABROAD PROGRAM. THE PROGRAM OFFICE MAINTAINS A LIST OF FOREIGN

INSTITUTIONS WHICH MEET THE ACADEMIC REQUIREMENTS OF THE COLLEGE. A

COMMITTEE REVIEWS AND APPROVES EACH APPLICATION. STUDENTS ENROLLED IN A

STUDY ABROAD PROGRAM ARE BILLED COLLEGE TUITION AND ALL FINANCIAL AID FOR

STUDY ABROAD IS POSTED TO STUDENTS ACCOUNTS AT THE COLLEGE. THE COLLEGE

REMITS TUITION PAYMENTS DIRECTLY TO THE OVERSEAS PROGRAM ON BEHALF OF THE

STUDENTS. GRADUATE STUDENTS WHO RECEIVE FELLOWSHIPS TO PURSUE RESEARCH

OVERSEAS ARE MONITORED BY ADVISORS THROUGH REPORTS AND MEASUREMENT OF

ACADEMIC PROGRESS.

232075 10-17-22

SCHEDU (Form 99		Go	arants and Oth vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department	of the Treasury	Compi		Attach to Form				Open to Public
	venue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of	the organization							Employer identification number
Part I	BRYN MAWR COLI							23-1352621
			amount of the grants	ar acciptones, the	araptaga' aligibility	for the grante or easi	tance and the colocti	
	pes the organization maintain records t teria used to award the grants or assis		•		• • • •	•		
2 De	teria used to award the grants or assis scribe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	l States.			
Part II	Grants and Other Assistance to	Domestic Organiz	zations and Domestic	Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
	recipient that received more than \$	\$5,000. Part II can		onal space is need	ed.	(f) Mathad of	1	1
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNA MASSACI	AN COUNCILS FOR ATIONAL EDUCATION - 1776 HUSETTS AVE NW, STE 700 - GTON, DC 20036	52-1067256	501(C)(3)	1,263,387.	0.			FOREIGN LANGUAGE TRAINING
1000 JH	DNIAN INSTITUTION EFFERSON DR SW GTON, DC 20560	53-0206027	501(C)(3)	43,422.	0.			RESEARCH SUPPORT
SHIPLEY	FION FOR COMMUNITY SERVICES Y SCHOOL, 814 YARROW ST AWR, PA 19010	23-2844309	501(C)(3)	37,500.	0.			OPERATIONAL SUPPORT
5717 CC	SITY OF MAINE SYSTEM DRBETT HALL ME 04469	01-6000769	501(C)(3)	5,836.	0.			RESEARCH SUPPORT
2 En	ter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table		1		4.

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1304	48,598,259.	0.		
	recipients	recipients cash grant	recipients cash grant cash assistance	

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

PART I, LINE 2:

FINANCIAL AID TO INDIVIDUALS IS AWARDED BY THE COLLEGE'S FINANCIAL AID

PROFESSIONALS IN ACCORDANCE WITH COLLEGE POLICIES. FINANCIAL AID IS

ELECTRONICALLY DISBURSED AND CREDITED TO THE INDIVIDUAL STUDENT'S ACCOUNT

FOR TUITION, FEES ROOM, BOARD, AND OTHER ELIGIBLE CHARGES. AWARDS TO

SUB-RECIPIENTS ARE IN ACCORDANCE WITH COLLEGE POLICIES AND PROVISIONS UNDER

UNIFORM GUIDANCE.

SCH	HEDULE J	Compensation Information	ĺ	OMB No.	1545-004	47
(For	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	-
Depart	ment of the Treasury	Attach to Form 990.		Open to		ic
Interna	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer ide		on nui	mber
Pa		BRYN MAWR COLLEGE s Regarding Compensation	23-135	2621		
Га		s negariting compensation			V.	
10	Chack the appropri	ate hex(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	X First-class or c		معبياهم			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account X Personal services (such as maid, chauffer				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
	,					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	5			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee X Written employment contract				
	Independent o	ompensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
		e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r			-		v
a	ine organization?			5a		X X
		ation?		5b		^
		or 5b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complexity of the section	n			
	contingent on the r			6-		x
a h		ation2		6a		x
		ation?		6b		
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		the solution and the organization provide any noninxed payments the solution provide any noninxed payments the solution of the solution provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution are solution and the organization provide any noninxed payments are solution are solution are solution are solution and the organization provide any noninxed payments are solution are		7	х	
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
		where the still a production of a still $(0, 0, 0)$ of $(0, 0)$ is $(0, 0, 0)$ and $(0, 0, 0)$		8		x
		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
		eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2022
	•	· ·				

232111 10-18-22

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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BROOKE H. JONES	(i)	610,485.	450,000.	0.	30,500.	32,366.	1,123,351.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY E. CASSIDY	(i)	590,163.	0.	41,098.	30,500.	91,910.	753,671.	0.
PRESIDENT OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GENE KIM	(i)	309,060.	100,000.	0.	30,500.	368.	439,928.	0.
DIRECTOR OF INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HENRY PHAN	(i)	225,568.	100,416.	0.	29,242.	32,366.	387,592.	0.
DIR OF INV OPS & RISK MGMT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT A. MILLER	(i)	312,872.	0.	0.	30,500.	9,970.	353,342.	0.
CHIEF ALUM RELATIONS & DEV OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KARI FAZIO	(i)	298,363.	0.	0.	29,993.	10,997.	339,353.	0.
CFO & CAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIMOTHY HARTE	(i)	248,348.	0.	0.	25,550.	26,938.	300,836.	0.
PROVOST & PROFESSOR OF RUSSIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEEPAK KUMAR	(i)	226,058.	0.	0.	22,762.	38,717.	287,537.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GARY MCDONOGH	(i)	179,517.	0.	25,778.	18,141.	55,628.	279,064.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DARLYNE BAILEY	(i)	231,818.	0.	0.	23,377.	11,383.	266,578.	0.
PROFESSOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SAMUEL B. MAGDOVITZ	(i)	217,256.	0.	0.	22,350.	24,860.	264,466.	0.
COLLEGE COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) GINA SIESING	(i)	209,881.	0.	10,160.	21,296.	16,336.	257,673.	0.
CHIEF INFO OFFICER/DIR. OF LIBRARIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RUTH LINDEBORG	(i)	203,062.	0.	0.	21,183.	28,046.	252,291.	0.
SECRETARY OF THE COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CHERYL LYNN HORSEY	(i)	207,978.	0.	0.	21,239.	22,848.	252,065.	0.
CHIEF ENROLLMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER WALTERS	(i)	164,770.	0.	0.	16,816.	17,223.	198,809.	0.
DEAN OF UNDERGRAD CLG (THRU 9/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

PART I, LINE 1A:

FIRST-CLASS TRAVEL IS OCCASIONALLY ALLOWED FOR INTERNATIONAL FLIGHTS

AND RAIL TRANSPORTATION.

AS A CONDITION OF EMPLOYMENT, THE PRESIDENT IS REQUIRED TO RESIDE IN

COLLEGE-OWNED HOUSING. THE RESIDENCE MUST BE AND IS USED FOR COLLEGE

BUSINESS AND COLLEGE-SPONSORED FUNCTIONS. THE ESTIMATED VALUE OF THE

PRESIDENT'S HOUSING IS EXCLUDED FROM TAXABLE INCOME BUT DISCLOSED ON

SCHEDULE J, COLUMN D, NONTAXABLE BENEFITS \$59,138.

THE PRESIDENT WAS PROVIDED TAXABLE INCOME IN LIEU OF A PENSION

CONTRIBUTION FOR WHICH THE COLLEGE ALSO PROVIDED A GROSS-UP PAYMENT FOR

TAXES. THESE PAYMENTS ARE REPORTED IN COLUMN B(III).

PART I, LINE 7:

BONUSES, AS REPORTED IN COLUMN B(II), ARE BASED ON A NUMBER OF

VARIABLES SUCH AS INDIVIDUAL GOAL ACHIEVEMENTS, OPERATIONAL

ACHIEVEMENTS OR TEMPORARY ASSUMPTIONS OF EXTRA DUTIES. BONUSES ARE

DETERMINED AS PART OF THE OVERALL COMPENSATION REVIEW.

Schedule J (Form 990) 2022

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.

AN ADDITIONAL NON-FIXED PAYMENT, TAXABLE INCOME IN LIEU OF A COLLEGE

PENSION CONTRIBUTION, IS REPORTED IN COLUMN B(III). REFER TO THE

EXPLANATION FOR LINE 1A.

Schedule J (Form 990) 2022

SCHEDULE K

(Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization

BRYN MAWR COLLEGE

Employer identification number 23-1352621

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descriptio	on of purpose	(g) Det	feased	(h) On of is:		(i) Po finar	
								Yes	No	Yes	No	Yes	No
PA HGH ED FAC AT BRYN MAWR COLLEGE						CURRENT REFU	ND						
A SERIES 2010	23-2243852	70917RF75	05/26/10	15,9	62,636.	SER.1999;ISS	JE COSTS		х		х		x
PA HGH ED FAC AT BRYN MAWR COLLEGE					(CURRENT REFU	ND						
B SERIES 2014	23-2243852	70917skz5	07/09/14	57,4	87,399.	SER.2002;ISS	JE COST;CPTL		Х		Х		х
MNTGMRY CNTY IND DEV AUTH BRYN MAWR					c c	CPTL PROJECT	;ISSUE						
C SERIES 2017	23-2245125	61361RAF2	06/01/17	22,2	48,671.	COST; ADV. RFN	D SER.2012;CA		х		х		х
PA HGH ED FAC AT BRYN MAWR COLLEGE					c c	CRNT REFUNDI	NG OF PHEFA						
D SERIES 2019	23-2243852	70917S4X8	09/05/19	30,3	27,611.	SERIES 2007;	COST OF ISSUE		х		х		х
Part II Proceeds													
			Α			В	С				D		
1 Amount of bonds retired			8,	705,000.		7,920,000.					2	,040,	000.
2 Amount of bonds legally defeased													
3 Total proceeds of issue			15,	962,636.		57,700,350.	22,24	8,671	•		32	,038,	814.
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds						2,566,735.							
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				302,627.		464,162.	7	8,671	•			86,	721.
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds						30,181,823.					9	,074,	293.
11 Other spent proceeds			15,	660,009.		24,487,629.	22,17	0,000	•		22	,877,	800.
12 Other unspent proceeds													
13 Year of substantial completion			2	2010		2017	201	L7				2022	
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding i	ssue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding issu	ie)?		Х			X	X			X			
15 Were the bonds issued as part of a refunding i	ssue of taxable bon	nds (or, if											
issued prior to 2018, an advance refunding iss	ue)?			X	Х			Х					X
16 Has the final allocation of proceeds been made	e?		Х		Х		X			X			
17 Does the organization maintain adequate book	s and records to su	upport the											
final allocation of proceeds?	. <u></u>	<u></u>	х		Х		Х			Х			

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 BRYN MAWR COLLEGE

22	1	r	E.	2	r	2	1	
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Page 2

		۵		В		с		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	105	X	103	x	103	x	103	X
 Are there any lease arrangements that may result in private business use of 								
		x		x		x		x
bond-financed property?								
3a Are there any management or service contracts that may result in private		x		x		x		x
business use of bond-financed property?		A		A		^		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?			_					
c Are there any research agreements that may result in private business use of								
bond-financed property?		X		X		X		X
d 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?			_					
4 Enter the percentage of financed property used in a private business use by entities								
other than a section 501(c)(3) organization or a state or local government		.00 9	6	.00 %		.00 %		.00
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		.00 9	6	.00 %		.00 %		.00
6 Total of lines 4 and 5		.00 9	6	.00 %		.00 %		.00
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x		x		x		x
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or						1		
disposed of		ġ	6	%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		,	0	/0		/0		
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the	х				77			
requirements under Regulations sections 1.141-12 and 1.145-2?	Δ		X		X		Х	
Part IV Arbitrage		_		_		-		
		A		B		C		<u>D</u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?		1	_					
a Rebate not due yet?		X	_	X	Х		Х	
b Exception to rebate?	Х			x		X		X
c No rebate due?		X	Х			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		Х		X		X		Х

х х х hedge with respect to the bond issue? UBS INVESTMENT BANK **b** Name of provider 19,5000000 c Term of hedge Х **d** Was the hedge superintegrated? х e Was the hedge terminated? х х х 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? b Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х Х Х 6 Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the requirements of section 148? Х Х Х Part V Procedures To Undertake Corrective Action R С Δ Has the organization established written procedures to ensure that violations No Yes No Yes No Yes of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? х х х Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. SCHEDULE K, PART IV, ARBITRAGE, LINE 2C: (A) ISSUER NAME: PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2014 DATE THE REBATE COMPUTATION WAS PERFORMED: 09/08/2017 SCHEDULE K, PART I, BOND ISSUES A) ISSUER NAME: PA HGH ED FAC AT BRYN MAWR COLLEGE SERIES 2014 (F) DESCRIPTION OF PURPOSE: CPTL PROJECT: ISSUE COST: ADV.RFND SER. 2012: CAP.INT SCHEDULE K PART IV ARBITRAGE LINE 2C: PENNSYLVANIA HIGHER EDUCATIONAL FACILITIES AUTHORITY BRYN MAWR COLLEGE SERIES 2014 ARBITRAGE REBATE CALCULATED 8/9/17. NEGATIVE ARBITRAGE AS OF 6/30/17. THEREFORE NO REBATE DEPOSIT NECESSARY. MONTGOMERY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BRYN MAWR SERIES 2017 ARBITRAGE REBATE CALCULATED 10/16/2017. NO REBATE LIABILITY THROUGH THE END OF THE COMPUTATION PERIOD ENDING 6/1/2022.

23-1352621

В

No

Yes

С

No

Yes

Δ

No

Yes

BRYN MAWR COLLEGE

4a Has the organization or the governmental issuer entered into a gualified

Schedule K (Form 990) 2022

Part IV Arbitrage (continued)

Page 3

No

Х

х

х

No

D

Yes

Х

Yes

Х

D

Schedule K (Form 990) 2022	BRYN MAWR COLLEGE	23-1352621	Page 4
Part VI Supplemental Informati	ion. Provide additional information for respo	nses to questions on Schedule K. See instructions. (continued)	
	IONAL FACILITIES AUTHORITY BRYN M		
SERIES 2019			
ARBITRAGE REBATE CALCULATE	D 11/29/21 NEGATIVE ARBITRAGE AS	OF 10/19/21,	
THEREFORE NO REBATE DEPOSI			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

Inspection

Name of the organization

BRYN	MAWR	COLLEGE

Employer identification number 23 - 1352621

ſ ΖU **Open to Public**

Par	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion ar	nounts	5
1	Art - Works of art	Х	1		EXPERT OPINION			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	70	3,419,444.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	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 ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			_	1
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	r for which column (a) is cheo	cked,			

describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232141 09-09-22

Schedule N	A (Form 990) 2022 BRYN MAWR COLLEGE Pa	age	23-1352621	2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received this part for any additional information.	2b, and 33, ar	nd whether the organization ation of both. Also complete	า
SCHEDULE	M, PART I, COLUMN (B):			
NUMBER O	F CONTRIBUTIONS:			
THE ORGA	NIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.			
SCHEDULE	M, LINE 32B:			
THIRD PA	RTY ASSISTANCE OF NONCASH CONTRIBUTIONS:			
THE COLL	EGE USES A BROKER TO HANDLE RECEIPT AND SALE OF DONATED			
SECURITI	ES. SALE PROCEEDS, TRANSACTIONS STATEMENTS, AND MONTHLY REPORTS			
ARE SENT	TO THE COLLEGE.			
232142 09-09-	-22		Schedule M (Form 99	0) 2022
	61			

13580405 153424 0175265-00002

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatior	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
	BRYN MAWR COLLEGE		352621
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
BRYN MAWR COLLEGE	EDUCATES STUDENTS TO THE HIGHEST STANDARD OF		
EXCELLENCE TO PREP.	ARE THEM FOR LIVES OF PURPOSE. THE COLLEGE'S RIGOROUS		
LIBERAL ARTS CURRI	CULUM AND DISTINGUISHED GRADUATE PROGRAMS FOSTER A		
THIRST FOR KNOWLED	GE, OPEN INQUIRY, GLOBAL PERSPECTIVES, CIVIC		
ENGAGEMENT, AND IN	NOVATION THROUGH STUDY ACROSS THE ARTS, HUMANITIES,		
SCIENCES, AND SOCI	AL SCIENCES. A WORLD-CLASS FACULTY OF		
TEACHER-SCHOLARS,	A TALENTED STAFF, AND A TIGHT-KNIT STUDENT BODY		
CULTIVATE INTELLEC	TUAL CURIOSITY, INDEPENDENCE, PERSONAL INTEGRITY, AND		
RESILIENCE IN A CO	MMUNITY OF PASSIONATE, JOYFUL LEARNERS.		
AS A RESIDENTIAL W	OMEN'S COLLEGE AT THE UNDERGRADUATE LEVEL, AND		
THROUGH COEDUCATIO	NAL GRADUATE PROGRAMS IN ARTS AND SCIENCES, IN SOCIAL		
WORK, AND IN POST-	BACCALAUREATE PREMEDICAL TRAINING, BRYN MAWR IS		
COMMITTED TO WOMEN	'S EDUCATION AND EMPOWERMENT, TO GENDER EQUITY, AND		
TO SUPPORTING ALL	STUDENTS WHO CHOOSE TO PURSUE THEIR STUDIES HERE.		
EQUITY AND INCLUSI	ON SERVE AS THE ENGINE FOR EXCELLENCE AND INNOVATION.		
A COMMITMENT TO RA	CIAL JUSTICE AND TO EQUITY ACROSS ALL ASPECTS OF		
DIVERSITY PROPELS	OUR STUDENTS, FACULTY, AND STAFF TO REFLECT UPON AND		
WORK TO BUILD FAIR	, OPEN AND WELCOMING INSTITUTIONAL STRUCTURES,		
VALUES, AND CULTUR	в.		
EMERGING FROM THEI	R BRYN MAWR EXPERIENCE EQUIPPED WITH POWERFUL TOOLS		
AND WITH A DEEPER	UNDERSTANDING OF THE WORLD AND EACH OTHER, OUR		
GRADUATES DEFINE S	UCCESS ON THEIR OWN TERMS AND LIFT UP OTHERS AS THEY		
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2022

Schedule O	(Form 990) 2022

Name of the organization

BRYN MAWR COLLEGE

Page 2 Employer identification number 23-1352621

MAKE A MEANINGFUL DIFFERENCE IN THE WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS DYNAMIC COMBINATION OF THE PRACTICAL AND THE ACADEMIC HELPS SHAPE

STUDENTS' PROFESSIONAL GOALS, GIVES THEM REAL WORK EXPERIENCE, AND

PROVIDES THE PHILADELPHIA METROPOLITAN AREA WITH MUCH-NEEDED SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORMS 990 AND 990-T WERE PREPARED BY AN EXTERNAL INDEPENDENT ACCOUNTING

FIRM. A COPY OF THE DRAFT OF FORM 990 IS REVIEWED BY MANAGEMENT AND ANY

NECESSARY CHANGES MADE.

NEXT, THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND RELATED SCHEDULES

EXCLUDING SCHEDULE B TO PRESERVE DONOR ANONYMITY, AND EACH COMMITTEE MEMBER

AFFIRMS EITHER THAT THE FORMS ARE ACCEPTABLE OR THAT CHANGES ARE NEEDED.

THE ENTIRE COMMITTEE IS INFORMED OF THE SUBSTANTIVE CHANGES MADE DURING

THIS PROCESS AND BEFORE THE DATE OF FILING.

FINALLY, BEFORE THE FORM 990 IS FILED WITH THE IRS, THE FULL BOARD OF

TRUSTEES IS PROVIDED AN OPPORTUNITY TO REVIEW THE FINAL FORM 990 AND

RELATED SCHEDULES, EXCLUDING SCHEDULE B, TO PRESERVE DONOR ANONYMITY. THE

SCHEDULE B IS REVIEWED BY THE CHAIR OF THE AUDIT COMMITTEE AND THE CHAIR OF

THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

BRYN MAWR COLLEGE HAS THE FOLLOWING CONFLICT OF INTEREST POLICIES:

1-DUALITY OF INTEREST APPLICABLE TO TRUSTEES, INCLUDING ADVISORY MEMBERS OF

THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES; 2-FINANCIAL CONFLICT

232212 10-28-22

Name of the organization	Employer identification number
APPLICABLE TO MEMBERS OF THE TRUSTEE INVESTMENT COMMITTEE; 3-OUTSIDE	23-1352621
EMPLOYMENT APPLICABLE TO FACULTY STAFF; 4-ACCEPTANCE OF GIFTS APPLICABLE TO	
FACULTY AND STAFF; 5-SIGNIFICANT FINANCIAL INTEREST APPLICABLE TO	
RESEARCHERS AND PRINCIPAL INVESTIGATORS. ON AN ANNUAL BASIS, TRUSTEES,	
OFFICERS, KEY EMPLOYEES, EMERITUS TRUSTEES AND SPECIAL ADVISORS TO THE	
BOARD OF TRUSTEES' COMMITTEES COMPLETE A QUESTIONNAIRE TO DISCOVER AND	
REPORT CIRCUMSTANCES WHICH MAY PRESENT A CONFLICT OF INTEREST. THE COLLEGE	
MONITORS COMPLIANCE WITH THE TRUSTEE/OFFICER CONFLICT OF INTEREST POLICY BY	
CHECKING THAT THE ANNUAL QUESTIONNAIRE IS SUBMITTED BY EACH PERSON IN A	
TIMELY BASIS TO COLLEGE COUNSEL AND BY PERIODIC REMINDERS OF THE POLICY AT	
FULL MEETINGS OF THE BOARD OF TRUSTEES. THE COLLEGE'S BY-LAWS REGARDING	
CONFLICT-OF-INTEREST STATE THAT ANY DUALITY ON THE PART OF ANY TRUSTEE	
SHALL BE DISCLOSED TO THE BOARD OF TRUSTEES AND MADE A MATTER OF RECORD	
THROUGH AN ANNUAL PROCEDURE AND ALSO WHEN THE INTEREST BECOMES A MATTER OF	
TRUSTEE ACTION. ANY TRUSTEE HAVING DUALITY OF INTEREST SHALL NOT VOTE OR	
USE HER OR HIS PERSONAL INFLUENCE ON THE MATTER, AND S/HE SHALL NOT BE	
COUNTED IN DETERMINING THE QUORUM FOR THE MEETING. THE MINUTES OF THE	
MEETING SHALL REFLECT THAT A DISCLOSURE WAS MADE, THE ABSTENTION FROM	
VOTING AND THE QUORUM SITUATION. ANY NEW TRUSTEE WILL BE ADVISED OF THIS	
POLICY UPON ENTERING THE DUTIES OF HER OR HIS OFFICE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COLLEGE HAS A FORMAL PROCESS FOR DETERMINING COMPENSATION FOR THE CHIEF	
EXECUTIVE (PRESIDENT), OTHER OFFICERS, AND KEY EMPLOYEES. INDEPENDENT	
SURVEYS ARE COMMISSIONED ANNUALLY TO UPDATE APPROPRIATE MARKET DATA FOR	
EACH POSITION FOR CONSIDERATION IN DETERMINING REASONABLENESS. THE	
PRESIDENT REVIEWS THE DATA GATHERED AND RECOMMENDS THE ANNUAL COMPENSATION	
FOR OFFICERS AND KEY EMPLOYEES, FOR WHICH THE EXECUTIVE COMMITTEE THEN	
	Schedule O (Form 990) 2022

 $13580405 \ 153424 \ 0175265-00002$

^{2022.05080} BRYN MAWR COLLEGE

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
BRYN MAWR COLLEGE	23-1352621
REVIEWS THE RECOMMENDATIONS AND APPROVES THE COMPENSATION AMOUNTS. THE	

PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE,

FOLLOWING THEIR REVIEW OF DATA AND OTHER INFORMATION. COMPENSATION

DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED AND COMMUNICATED TO THE HUMAN

RESOURCES OFFICE FOR ACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

THE COLLEGE MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES

AVAILABLE UPON REQUEST. THE COLLEGE POSTS ITS AUDITED FINANCIAL ON THE

COLLEGE'S WEBSITE.

232212 10-28-22

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

	Attach to Form 990.				
	Go to www.irs.gov/Form990 for instructions and the latest information.				
N MAWR COLLEGE					

(b)

Primary activity

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

SCHEDULE R

(a)

Name, address, and EIN (if applicable)

of disregarded entity

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection

Name of the organization

BRYN

23-1352621

Employer identification number

(f)

Direct controlling

entity

Schedule R (Form 990) 2022

... Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990. Part IV. line 34. because it had one or more related tax-exempt

(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 status (if section	(f) Direct controlling entity	(g) Section 512(b)(1 controlled entity?	
				501(c)(3))		Yes	
							-

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

OMB No. 1545-0047 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	ate or entity (related, unrelated, income end-or-year allocations? a		Code V-UBI amount in box 20 of Schedule	Gener mana partn	^{I or} Percentag ^{ing} ownersh	ige ìip				
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
										+		—
										+		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr	(i) ction (b)(13) rolled tity?
		country)						Yes	No
REMAINDER TRUSTS (TOTAL 25)									
C/O BRYN MAWR COLLEGE 101 N MERION AVE									
BRYN MAWR, PA 19010	CHRTABLE TRST	PA	N/A	TRUST					х
CHARITABLE INCOME TRUSTS (TOTAL 14)									
C/O BRYN MAWR COLLEGE 101 N MERION AVE									
BRYN MAWR, PA 19010	CHRTABLE TRST	PA	N/A	TRUST					х
CHARITABLE REMAINDER UNITRUSTS(TOTAL 15)									
C/O STATE STREET GLOBAL ADV. 1 IRON ST									
BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					х
CHARITABLE GIFT ANNUITY FUND (TOTAL 1)									
C/O STATE STREET GLOBAL ADV. 1 IRON ST									
BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					х
CHARITABLE POOLED INCOME FUND (TOTAL 1)									
C/O STATE STREET GLOBAL ADV. 1 IRON ST									
BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					х

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b) Primany activity	(c)	(d)	(e)	(f) Share of total	(g)	(h)	Sec	tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	income	Share of end-of-year assets	Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		01 (1031)		233013			No
CHARITABLE POOLED GROWTH INCOME FUND (TOTAL									
1), C/O STATE STREET GLOBAL ADV. 1 IRON ST,									
BOSTON, MA 02210	CHRTABLE TRST	MA	N/A	TRUST					х
	1								
	1								
	1								
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	1								
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	1								
									<u> </u>
	1								
	1								
									-
	1								
	1								
									+
	4								
	4								
									
	4								
	4								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			╋
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n 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)	1 n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			+
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s	X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2022 BRYN MAWR COLLEGE

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	l or Perc	centage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	er? OWI	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
												_	
												_	

Schedule R (Form 990) 2022

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o	r Name of exempt organization or other filer, see	Taxpayer identification number (TIN)							
print	BRYN MAWR COLLEGE				23-1352621				
File by the due date filing you	Number, street, and room or suite no. If a P.O.	box, see instruct	ions.						
return. Se instructio		For a foreign addi	ress, see instructions.						
Enter t	ne Return Code for the return that this application is	for (file a separat	te application for each return)			0 1			
Applic	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation)	07							
 If th If th box 1 t t t 	phone No. ► 610-526-5632 e organization does not have an office or place of builts is for a Group Return, enter the organization's four . If it is for part of the group, check this box request an automatic 6-month extension of time unt he organization named above. The extension is for the calendar year or X tax year beginning JUN 1, 2022 the tax year entered in line 1 is for less than 12 mor Change in accounting period	r digit Group Exe and atta il <u>APRIL</u> ne organization's, an	mption Number (GEN) ch a list with the names and TINs c <u>15, 2024</u> , to fi return for: d ending <u>MAY 31, 2023</u>	If this is fo of all memb	r the whole ers the extern npt organiza 	group, check this			
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$								
b l'	this application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter any	refundable credits and						
e	stimated tax payments made. Include any prior year	overpayment all	owed as a credit.	3b	\$	0.			
сE	alance due. Subtract line 3b from line 3a. Include y	our payment with	h this form, if required, by						
<u> </u>	sing EFTPS (Electronic Federal Tax Payment Syster	n). See instructio	ns.	3c	\$	0.			
Cautio instruc	n: If you are going to make an electronic funds with tions.	drawal (direct det	bit) with this Form 8868, see Form 8	3453-TE and	d Form 8879	9-TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act N	otice, see instru	ictions.		Form	8868 (Rev. 1-2022)			

223841 04-01-22