EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury

Internal Revenue Service

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 Open to Public Inspection

Α	For the	ne 2017 calendar year, or tax year beginning and	ending					
В	Check applica	C Name of organization		D Employer iden	ntification number			
	Add char Nam	ge BRYN MAWR FILM INSTITUTE INC						
L	char	ge Doing business as		04-	-3682610			
L	Initia retur Fina retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 610-527-4008				
	term			G Gross receipts S 3,697,614.				
	Ame	nded DDVN MAND DA 10010		H(a) Is this a grou				
	App	F Name and address of principal officer: SAMUEL R. SCOTT		for subordina				
	pend	SAME AS C ABOVE			es included? Yes No			
		sempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) (or 527		h a list. (see instructions)			
		ite: WWW.BRYNMAWRFILM.ORG		H(c) Group exemp	otion number >			
		forganization: X Corporation Trust Association Other	L Year	of formation: 2002	M State of legal domicile: PA			
P	art I	Summary						
Governance	1	Briefly describe the organization's mission or most significant activities: FILM AND PRESERVATION OF HISTORIC THEATER BUILDING	EXHIB LDING	ITION AND	EDUCATION			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net	t assets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			з 17			
ع ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		(1.00)	4 16			
Activities &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5 49			
Νį	6	Total number of volunteers (estimate if necessary)			6 75			
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.			
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b 0.			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)	P-1000 0	1,083,118				
Ven	9	Program service revenue (Part VIII, line 2g)		1,933,929				
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		283,997				
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,317,157				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0,517,157				
	14	D . C		0				
Ŋ	45	Coloring other comments and the fit (Det IV along (A) line (Ed O)		858,382				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0				
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	93.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,918,339	. 1,924,218.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,776,721	. 2,922,165.			
	19	Revenue less expenses. Subtract line 18 from line 12		540,436	. 575,763.			
t Assets or nd Balances				inning of Current Yea				
sset	20	Total assets (Part X, line 16)		11,828,396				
etA		Total liabilities (Part X, line 26)		3,039,505				
20	rt II	Net assets or fund balances. Subtract line 21 from line 20		8,788,891	9,464,901.			
		Signature Block Ities of perjury, declare that have examined this return, including accompanying schedules	and atatamas	oko on d ko kha haska s	and the state of the P. C. C.			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			my knowledge and belief, it is			
1100,	COITCE	Gano complete. Declaration of preparer (which that officer) is based on all information of will	ion preparei n	as any knowledge.				
Sig	1	Signature of officer		Date				
Her		SAMUEL R. SCOTT, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Da	te Check	PTIN			
Paid	1	EDWARD W. DORAN, CPA	7/	25/18 if self-empl	P00841330			
Prep	arer	Firm's name ISDANER & COMPANY, LLC	- 111	Firm's EIN	23-6410283			
Use	Only	Firm's address THREE BALA PLAZA, SUITE 501 WEST						
		BALA CYNWYD, PA 19004-3484		Phone no. (
May	the IF	S discuss this return with the preparer shown above? (see instructions)	***********		X Yes No			
73200	01 11-2	3-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2017)			

Form	n 990 (2017) BRYN MAWR FILM INSTITUTE INC 04-	3682610	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BRYN MAWR FILM INSTITUTE (BMFI) IS A NONPROFIT, MEMBER-SUPPO	ORTED	
	MOTION PICTURE THEATER AND FILM EDUCATION CENTER LOCATED IN		WR,
	PENNSYLVANIA, IN THE WESTERN SUBURBS OF PHILADELPHIA. BMFI	IS	
	DEDICATED TO PROMOTING SHARED EXPERIENCESCONTINUED ON SCI		
2	Did the organization undertake any significant program services during the year which were not listed on the		
~		Vos	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	1es	22 140
•			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LA_ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, a	and
	revenue, if any, for each program service reported.		
4a	/	2,215,	
	IN 2017, BMFI EXHIBITED 297 REPERTORY AND FIRST-RUN FILMS A		,000
	SCREENINGS; OFFERED 99 UNIQUE FILM STUDIES COURSES, LECTURES		
	SEMINARS TO NEARLY 3,400 ADULT LEARNERS; INTRODUCED CONCEPTS		UAL
	LITERACY TO NEARLY 1,100 THIRD-GRADERS; AND TAUGHT FILMMAKI	NG TO 12	
	HIGH SCHOOL STUDENTS. SOME 9,400 PEOPLE ACROSS THE TRISTATE	REGION	WERE
	ACTIVE BMFI MEMBERS AND 5,151 PEOPLE MADE CONTRIBUTIONS TO		
	ADDITION TO MEMBERSHIP. HUNDREDS MORE ENJOYED THE FREE POST		
	DISCUSSIONS, SPECIAL EVENTS, AND GUEST SPEAKERS THAT REGULAR		NCE
	BMFI PROGRAMS.		
	DITT TROOTERD.		
41-			
4b	(Code:) (Expenses \$)
	·		
40			
4c	(Code:) (Expenses \$)
A .1	Other program consisce (Decembe in Cohedule O.)		
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,171,107.)	
<u>4e</u>	Total program service expenses ► 2,171,107.		00 (= = :
		Form 9	90 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		21
′	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			21
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		Λ
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-10		
.5	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
			ΩΩΩ	

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities 31 "Yes," complete Schedule II 20 V 11 "Yes" to mice 28.4 dith the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operanization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operanization report more than \$5,000 of grants or other assistance to or for domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or for domestic organization cannot report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 "I "Yes," complete Schedule (Parts I and II) " 22 X X 24 Did the organization answer "Yes" to Part IVI, Section A, Iina 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 IV Part, and the size of the list day of the year, that was issued after December 31, 2002 If "Yes," "inswer lines 24th through 24d and complete Schedule IV Part IVI Parts, or to line 25s and the list day of the year, that was issued after December 31, 2002 If "Yes," inswer lines 24th through 24d and complete Schedule IVI Part IVI Parts IVI				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment or Part IX, Column (A), line 21 if "Yes," complete Schedule I, Parts I and III 2 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 27 if "Yes," complete Schedule I, Parts I and III 2 23 Did the organization never "Yes" to Part IX laction A, line 3, 4, or \$about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 2 24 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 24th through 24d and complete Schedule IX. If "Yes," to the organization maintain an escrow account other than a refunding escrow at any time during the year of certain and the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and the secretary and the organization engage in an excess benefit transaction with a disqualified person of the organization and the secretary and the organization engage in an excess benefit transaction with a disqualified person of? If "Yes," complete Schedule I, Part IV 25d Did the organization and the part	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 II **Iss*, complete Schedule I, Part I and II 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, courting (A), in 22 of "Yes," complete Schedule I, Part IV and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. If "Yes," 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 Dt the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Dt dit en organization maintain an escrow account other than a refunding escrow at any time during the year? 24d decomplete Schedule L. Part IV escropice Schedule L. Part IV escropice Schedule L. Part II escropication aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part IV escropice Schedule L. Part IV escripice Schedule R. Par	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 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, directions, fusitess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II in 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 24th through 24d and complete Schedule I, I' No', go to line 25s 24a IV 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds 27 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 50 (EQS), 50 (EQS), 50 (EQS), 60 (EQS) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 28 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 or 990 EZ? If "Yes," complete Schedule L, Part II 29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, unbatantial contribution or employees thereof, a grant selection commttee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 28 Was the organization is partly to a business transaction with one of the following parties (see Schedule I, Part IV 29 Di		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 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 25s 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization invest any proceeds of tax-exempt bonds expend a temporary period exception? 28 Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 29 Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year? 29 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 29 Did 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 organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25s X 29 Did the organization provide any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, injenset organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 25b X 29 Did the organization provide a grant or other assistance to an officer, director, trustee, or lay engaged in a series of a family member of a current or former officer, director, trustee, or key employee? If "Y	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", or or line 25a 24b 24b 25b 20b the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d and complete Schedule K. If "No", or or line 25a 24b 25b 20b the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c 25b		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 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 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 24b 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustess, key employees, highest compensated employees, or disqualified person Pir "es," complete Schedule L, Part II 25b IX 27c IV 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 27d A nemetry of which a current or former officer, director, trustee, or key employee? If "es," complete Schedule L, Part IV 28d Is the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d Is A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trus	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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", yo to line 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stad 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 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization was 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization from 90 or 990-E27 if "res," complete Schedule L, Part II 25b X 27c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, prices, reversely expense, or disqualified persons? If "res," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "res," complete Schedule L, Part IV 27d A entiry of which a current or former officer, director, trustee, or key e		Schedule J	23		X
Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 25a X 25b 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-E27 If "Yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee ember, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Did the organization aparty to a business transaction with no adverseptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization aparty to a business transaction with an education of the following parties (see Schedule L, Part IV 29 Did the organization receive more than \$256, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization related to any tax-exempt or tax-exempt or the similar assets? If "Yes,	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 X 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 32 A 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 A X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 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 and that is treated as a partnership for federal income tax purposes? If "Yes," co	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38				
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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
	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	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 900, Part VIII, line 13 for public use of club facilities.			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Grees income from members or shareholders.			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against			
D				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.	ioa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand 13c			
	Did the appropriation reading any property for indeed to price any increase the territory	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2017

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JANICE PRENDERGAST - 610-527-4008			
	824 WEST LANCASTER AVENUE, BRYN MAWR, PA 19010			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiz (A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	nstitutional trustee		99	uedu		(₩-2/1099-111130)		and related
	below	dual t	tiona	_	nploy	st cor				organizations
	line)	indivi	nstitu	Officer	Кеу етрюуее	Highest compensated employee	Former			3
(1) SAMUEL R SCOTT	50.00									
EXECUTIVE DIRECTOR		Х		Х				67,691.	0.	17.
(2) JULIET J GOODFRIEND	0.50									
CHAIR		Х		Х				0.	0.	0 .
(3) ANMIRYAM BUDNER	0.50									
VICE CHAIR		Х		Х		L		0.	0.	0 .
(4) JOHN HERSKER	0.50									
VICE CHAIR		Х		Х				0.	0.	0 .
(5) ALICE BULLITT	0.50									
SECRETARY		Х		Х				0.	0.	0
(6) MICHAEL A STEIN	0.50									
TREASURER/AUDIT & FINANCE		Х		Х				0.	0.	0
(7) HARRY GROOME	0.50									
DIRECTOR		Х						0.	0.	0
(8) JOANNE HARMELIN	0.50							_	_	_
DIRECTOR		Х						0.	0.	0
(9) TIGRE HILL	0.50	1						_	_	_
DIRECTOR		Х						0.	0.	0
(10) FRANCES INGERSOLL	0.50							_	_	_
DIRECTOR		Х						0.	0.	0 .
(11) FRANCIS J. LETO	0.50									
DIRECTOR		Х						0.	0.	0
(12) MARSHA PERELMAN	0.50	l								
DIRECTOR		Х						0.	0.	0
(13) STEVEN PILTCH	0.50	l								•
DIRECTOR		Х						0.	0.	0
(14) DAVID B PUDLIN	0.50									•
DIRECTOR	0.50	Х						0.	0.	0
(15) CARRIE RICKEY	0.50	37							_	_
DIRECTOR CARDOGRELLO	0.50	Х		_	_	-	_	0.	0.	0 .
(16) BONNIE S ROSSELLO	0.50	3,7						_	_	_
DIRECTOR	0.50	Х		_	_	-	_	0.	0.	0
(17) ALLEN C SABINSON	0.50	v						0.	0.	0
DIRECTOR		Х						<u> </u>	U .	0 Form 990 (2017

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Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			timate	
	week			id a di				from	from related			other	<i>3</i> 1
	(list any hours for	irector						the	organization:			pensa	
	related	ee or d	stee			nsated		organization (W-2/1099-MISC)	(W-2/1099-MIS	50)		om the anizat	
	organizations	al trust	nal tru		оуве	ompe					an	d relat	ed
	below line)	Individual trustee or director	nstitutional trustee	Officer	кеу етрюуее	Highest compensated employee	ormer				orga	anizati	ons
	,	_ <u>=</u> _	트	0	- Ke	王吉	프						
				Н									
				П									-
				Н		_							
				Н									
1b Sub-total								67,691.		0.			17.
c Total from continuation sheets to Part V								67.601		0.			0. 17.
d Total (add lines 1b and 1c)								67,691.	000 of reportab				<u> </u>
compensation from the organization	ot ill lited to ti	1036	iisto	o at	J0 V 6	<i>5)</i> WI	10 1	eceived more than proc	,,000 of reportable	10			C
										ı		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	•	•	•		•			3		Х
4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150			-					•			4		Х
5 Did any person listed on line 1a receive or a					-			-					v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch į	pers	son .					5		X
1 Complete this table for your five highest co										npens	ation 1	rom	
the organization. Report compensation for (A)	the calendar y	ear (endi	ng w	vith	or w	rithir	n the organization's tax (B)	year.		(0	:)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompe	nsatio	n
							_						
				_	_		Ī						
2 Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				(0					Eowa-	9 90 (2	2017)
											ITOI (II)	JJU ()	<u></u> - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 546,964. **b** Membership dues 1b 119,396. c Fundraising events d Related organizations 17,248 e Government grants (contributions) f All other contributions, gifts, grants, and 543,494 similar amounts not included above 13,727 g Noncash contributions included in lines 1a-1f: \$ 227,102 h Total. Add lines 1a-1f Business Code 711110 836,449 836,449.1, Program Service Revenue 2 a THEATER b EDUCATION/TUITION 611600 120,971 120,971. С f All other program service revenue 1,957,420. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 26,098 26,098. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 61,270 6 a Gross rents 0. **b** Less: rental expenses ,270. c Rental income or (loss) 61,270. 61,270. **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 119,396. of contributions reported on line 1c). See a 110,852 Part IV, line 18 ь 110,852. b Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 28,850 Part IV, line 19 **b** Less: direct expenses 28,850. 28,850. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns a 279,196 and allowances 88,834 **b** Less: cost of goods sold 190,362. 190,362. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a BREAKAGE INCOME 900999 6,826. 6,826 b d All other revenue 6,826. e Total. Add lines 11a-11d

Total revenue. See instructions.

497,928.2,215,878.

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 response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 67,708. 27,083. 33,854. 6,771. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 814,980. 459,097. 187,150. 168,733. Other salaries and wages 7 Pension plan accruals and contributions (include 6,968 12,811 3,166 2,677. section 401(k) and 403(b) employer contributions) 29,265 7,232. 15,918. 6,115. Other employee benefits 9 73,183. 39,805 18,085. 15,293. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 18,000. 18,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 60,074 16,200. 43,834 40. column (A) amount, list line 11g expenses on Sch O.) 45,304 45,304. Advertising and promotion 12 54,244. 20,942. 21,528. 11,774. Office expenses 13 Information technology 14 Royalties 15

243,563.

10,660.

57,287.

353,469

833,360.

71,434

59,505. 53,713.

21,795.

2,922,165

41,810.

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1,539.

533.

362.

264.

2,233.

21,079.

2,974. 19,140.

262,093.

2,566.

16

17

18

19

20

21

22

23

24

25

FILM RENTAL FACULTY

BANK CHARGES

d PRINTING

e All other expenses

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings

Interest

Payments to affiliates

Depreciation, depletion, and amortization

above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

191,599.

10,127.

45,065.

278,057.

833,360.

50,355.

56,507. 24,247.

17,583.

2,171,107.

32,890.

50,425.

11,860.

73,179

8,656.

24. 10,326.

1,646.

488,965.

Part X | Balance Sheet

Pai	πX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	124,227.	1	118,388.
	2	Savings and temporary cash investments	2,090,262.	2	2,114,423.
	3	Pledges and grants receivable, net	185,982.	3	214,234.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	5,229.	8	6,443. 49,256.
	9	Prepaid expenses and deferred charges	45,705.	9	49,256.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10, 940, 006.	0 525 500		0 040 075
	b	Less: accumulated depreciation 10b 2,691,131.	8,535,702.		8,248,875.
	11	Investments - publicly traded securities	0.40 601	11	056 104
	12	Investments - other securities. See Part IV, line 11	840,601.	12	956,124.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets	600	14	F 040
	15	Other assets. See Part IV, line 11	688.	15	5,242.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,828,396.	16	11,712,985.
	17	Accounts payable and accrued expenses	156,159.	17	183,387.
	18	Grants payable	453,646.	18	417,512.
	19	Deferred revenue	455,040.	19	417,314.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
ij		Complete Part II of Schedule L		22	
Ľ.	23	Secured mortgages and notes payable to unrelated third parties	2,427,000.	23	1,644,485.
	24	Unsecured notes and loans payable to unrelated third parties	2,127,000.	24	1,011,103.
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	2,700.	25	2.700.
	26	Total liabilities. Add lines 17 through 25	3,039,505.	26	2,700. 2,248,084.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	<u> </u>		, ,
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	8,560,892.	27	9,210,816.
ala	28	Temporarily restricted net assets	227,999.	28	254,085.
Б В	29	Permanently restricted net assets		29	
ם		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ᅙ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	8,788,891.	33	9,464,901.
	34	Total liabilities and net assets/fund balances	11,828,396.	34	11,712,985.

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Pa	rt XI Reconciliation of Net Assets							
	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)		,49					
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	,92	2,1	65.			
3	Revenue less expenses. Subtract line 2 from line 1	3	57	5,7	63.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 8	78	8,8	91.			
5	Net unrealized gains (losses) on investments	5	10	0,2	47.			
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 in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	,46	4,9	01.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-	За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization BRYN MAWR FILM INSTITUTE INC 04 - 3682610Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II | 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	833,731.	788,010.	819,097.	1083118.	1227102.	4751058.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	833,731.	788,010.	819,097.	1083118.	1227102.	4751058.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						9,132.
	Public support. Subtract line 5 from line 4.						4741926.
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	833,731.	788,010.	819,097.	1083118.	1227102.	4751058.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	07 522	70 066	75 540	77 722	07 260	100 110
_	and income from similar sources	87,532.	79,966.	75,549.	77,733.	87,368.	408,148.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5159206.
11		oto (oco inatructio	200)			12 8	,360,623.
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			,300,023.
10	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (l	line 6, column (f) di	ivided by line 11, c	column (f))		14	91.91 %
15	Public support percentage from 2016					15	88.43 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s

Schedule A (Form 990 or 990-EZ) 2017

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	ction A. Public Support	now, please com	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and		, ,		, ,	1	, ,
	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 business 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						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total
	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2017 (li	ne 8, column (f) o	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Incom	ne Percentage			T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the	-					
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies a	as a publicly supp	oorted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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.)

		Yes	No
ŀ	1		
	_		
H	2		
	3a		
ŀ	Ja		
	3b		
ı			
	3с		
	4a		
-	4b		
	4c		
ı			
L	5a		
ŀ	5b		
H	5c		
	6		
ı			
	7		
-	8		
	9a		
-	эa		
	9b		
ļ			
	9с		
-	10a		
	40:		
2 00	10b	00 EZ	2017

Ра	rt IV Supporting Organizations _(continued)			
			Yes	No
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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	\blacksquare	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	
360	tion b. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
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 government entity (see ins	truction	s).	
2	Activities Test. Answer (a) and (b) 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	\square	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
	OLUS SUDDODED OTDANIZATIONS CIL. TES DESCRIDE IN PART VI IDE FOIE DIAVED DV TDE OTDANIZATION IN TRIS FERIOR	ı .≼n		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations				
1	- yp						
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.				
Sect	ion 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					
Sect	ion 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					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by .035	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BRYN MAWR FILM INSTITUTE INC

Employer identification number 04 - 3682610

Par	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV		
		(a) Donor advised funds	(b) Funds and other 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 writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organizatio	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the done		
	impermissible private benefit?		
	rt II Conservation Easements. Complete if the	-	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organic		
	Preservation of land for public use (e.g., recreation		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic		
d	Number of conservation easements included in (c) acquire		
	listed in the National Register		
3	Number of conservation easements modified, transferred	, released, extinguished, or terminated by th	e organization during the tax
	year -		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		
•	violations, and enforcement of the conservation easemen		
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, nandling of violations, and enforcing con	iservation easements during the year
-	Assessment of assessment in assessment in an artifaction in an action to		ation and an area alterials at the account
7	Amount of expenses incurred in monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
0	Does each conservation easement reported on line 2(d) a	have action the requirements of castion 170	D/b\/4\/D\/;\
8			
9	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organ	-	
		nzation s ili lanciai statements that describes	s the organization s accounting for
Par	rt III Organizations Maintaining Collections	s of Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Fo		
1a	If the organization elected, as permitted under SFAS 116		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public		
	the text of the footnote to its financial statements that de-		a,
b			nt and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition		
	relating to these items:	,,,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical		
_	the following amounts required to be reported under SFA		J , [
а			> \$
	Assets included in Form 990, Part X		

732051 10-09-17

Schedule D (Form 990) 2017

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

	rt III Organizations Maintaining C	collections of Ar			or Oth	er Simil		ts/contin		ige Z
	Using the organization's acquisition, accessi									<u> </u>
Ū	(check all that apply):	ori, aria otrior rocora	o, or corr arry or a	io reneving the	it alo a c	ngi iliodi it	400 01 110	0011001101	110111	_
а	Public exhibition	d	Loan or e	change progra	ams					
b	Scholarly research	e		tonango progn	41110					
c	Preservation for future generations	Č								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's eve	mnt nurn	ose in Pai	+ XIII		
5	During the year, did the organization solicit o						OSC IIII AI	t Am.		
3	to be sold to raise funds rather than to be ma							Yes		No
Pai	rt IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pai		ite ii tile organiza	ion answered	103 01	11 01111 33	o, raitiv,	11110 0, 01		
1a	Is the organization an agent, trustee, custodi		liary for contributi	ons or other as	sets not	t included				
··u	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					_ 103		110
	Too, explain the arrangement in rate Air	and complete the lo	nowing table.					Amount		
	Beginning balance					1c		Amount		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					•				
	rt V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two year			vears back	(e) Four	vears	back
1a	Beginning of year balance	840,601.	771,20		6,291.		723,442.	(6)	593,	
	Contributions	,	,		,		,			
c	Net investment earnings, gains, and losses	115,522.	69,39	3!	5,088.		52,849.		129,	649.
d			, , , , ,		,				,	
	Other expenditures for facilities			+						
·										
f	Administrative expenses			+						
g	End of year balance	956,123.	840,60	1. 77	1,203.		776,291.		723,	442.
2	Provide the estimated percentage of the curr				, •		, ,		, _ ,	•
a	Board designated or quasi-endowment	100.00	%	(a)) Held as.						
b	Permanent endowment	%								
	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c sho									
22	Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	ation that are hele	and administa	arod for t	tho organi	zation			
Ja	by:	ssion of the organiza	ation that are neic	and administe	area ioi i	ine organi	Zation	Γ	Yes	No
	-							3a(i)	103	X
										X
h	(ii) related organizations	tions listed as requir	ed on Schedule F	22				3b		
1	Describe in Part XIII the intended uses of the							. 30		
Pai	rt VI Land, Buildings, and Equipm		willett lulius.							
ı a	Complete if the organization answere) Part IV line 11a	See Form 990) Part X	line 10				
	Description of property	(a) Cost or of		st or other		ccumulat	od	(d) Book	c value	
	Description of property	basis (investr	1 ' '	s (other)		preciation		(u) Door	value	7
10	Land	`	,	59,375.	ue-	Production		450	9,3	75
	Land			41,971.	2	129,2	90	7,412		
	Buildings		,,,	, <i>J</i>	4,	<u> </u>	70.	,,	_, ∪	<u> </u>
			a	38,660.		561,8	41.	371	5,8	1 9
	Equipment			50,000•		J U I , U	•	57	, 0	
	Other	<u>`</u>	V (D) //	10-1				8 248	2 0	75

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 BRYN MAWR F	ILM INSTITUT	E INC	04-3682610 Page
Part VIII Investments - Other Securities.			or occurrage
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	e 11b. See Form 990.	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market value
(1) Financial derivatives	. , ,	.,	·
(2) Closely-held equity interests			
(3) Other			
(A) VANGUARD	956,124	• END-OF-Y	EAR MARKET VALUE
(B)	,		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	956,124	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	e 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of v	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"		e 11d. See Form 990,	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir		m 990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		0 700	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSITS	2,700.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,700.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

B . W.	Б ::: ::	(D	A 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0	<u> </u>
Part XI I	Reconciliation	n of Revenue per	' Audited Financia	I Statements With	Revenue per Retu

ı u	T XI Reconciliation of Revenue per Audited Financial Stat	omonico min	•		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,878,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	100,247.		
b	Donated services and use of facilities	2b	81,125.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	199,686.		
е	Add lines 2a through 2d			2e	381,058.
3	Subtract line 2e from line 1			3	3,497,928.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,497,928.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit	h Expenses per	5 Retu	
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	h Expenses per	Retu	rn.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wit 12a.	h Expenses per	5 Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit	h Expenses per	Retu	rn.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a	h Expenses per	Retu	rn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a	h Expenses per	Retu	rn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	81,125.	Retu	rn.
Pa 1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a 2a 2b	h Expenses per	Retu	3,202,976.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	81,125.	Retu	280,811.
Pa 1 2 a b c d	Table 1 Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	81,125. 199,686.	1	3,202,976.
Pa 1 2 a b c d e	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	81,125. 199,686.	1 2e	280,811.
Pa 1 2 a b c d e 3	Table 1 Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	81,125. 199,686.	1 2e	280,811.
Pa 1 2 a b c d e 3 4	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	81,125. 199,686.	1 2e	280,811. 2,922,165.
Pa 1 2 a b c d e 3 4	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	81,125.	1 2e	280,811.

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE INSTITUTE IS A PUBLIC CHARITY THAT HAS OBTAINED AN EXEMPTION FROM

FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES.

THE INSTITUTE, HOWEVER, IS SUBJECT TO FEDERAL INCOME TAXES ON UNRELATED

BUSINESS TAXABLE INCOME. PURSUANT TO FASB ACCOUNTING STANDARDS

CODIFICATION TOPIC 740, THE INSTITUTE RECOGNIZES TAX BENEFITS ONLY IF IT

IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON

EXAMINATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS WAS RECORDED AS OF

DECEMBER 31, 2017 OR 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2017 BRYN MAWR FILM INSTITUTE INC	04-3682610 Page 5
Part XIII Supplemental Information (continued)	
SPECIAL EVENTS	110,852.
COST OF GOODS SOLD	88,834.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	199,686.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	110,852.
COST OF GOODS SOLD	88,834.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	199,686.
	_

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DOWN MAND ETTM THEOTOTIME THE

Employer identification number 0.4 – 3.6.8.2.6.1.0

	MK LIDM INSTITUTE	TIAC			04-3002	010			
Fundraising Activities. required to complete this part	Complete if the organization answett.	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not			
1 Indicate whether the organization rais	sed funds through any of the following	a acti	vities	Check all that apply					
a Mail solicitations									
b Internet and email solicitations			-	-					
c Phone solicitations g Special fundraising events									
d In-person solicitations									
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or									
key employees listed in Form 990, Pa						No			
				-					
b If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to b	oe .			
compensated at least \$5,000 by the	organization.								
					(-) A t				
(i) Name and address of individual		(iii) fundr have co or con	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid			
or entity (fundraiser)	(ii) Activity	have co	ustody trol of	from activity	fundraiser	to (or retained by)			
or oriting (randraisor)		contrib	utions?	nom donvity	listed in col. (i)	organization			
		Yes	No						
Total									
	n is registered or licensed to selle!	ontrib	utions	or has been notifie	d it is everent from				
3 List all states in which the organizatio	in is registered or licensed to solicit (OHTRID	นแอกร	o oi nas been notille	u it is exempt from re	egistration			
or licensing.									

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	•	,		•		
			(a) Event #1 LEADING LADIES GALA (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	1	Gross receipts	230,248.	, , , , ,	, ,	230,248.		
1	2	Less: Contributions	119,396.			119,396.		
	3	Gross income (line 1 minus line 2)	110,852.			110,852.		
	4	Cash prizes						
S	5	Noncash prizes						
pense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
D	8	Entertainment Other direct expenses	110,852.			110,852.		
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	110,852.		
Pa	11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		1990 Part IV line 19 or		0.		
		\$15,000 on Form 990-EZ, line 6a.	anewered ree enrient	1 000, 1 41111, 1110 10, 01	reperted mere than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue			28,850.	28,850.		
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	28,850.		
а	ls t	ter the state(s) in which the organization condu	ctivities in each of these	states?		Yes X No		
b	If "No," explain: ORGANIZATION INTENDS TO OBTAIN LICENSE FOR FUTURE GAMING ACTIVITIES							
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No If "Yes," explain:							
	_							

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 BRYN MAWR FILM INSTITUTE INC 04-	<u>3682610</u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a 100	.00 %
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name CONTROLLER		
Address ► 824 WEST LANCASTER AVENUE - BRYN MAWR, PA 19010		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Address ▶		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of convices provided		
Description of services provided		
-		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.	lines 9, 9b, 10)b. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,

Schedule G	(Form 990 or 990-EZ)	BRYN MAWF	FILM	INSTITUTE	INC	04-3682610	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)				
-							

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

BRYN MAWR FILM INSTITUTE INC

Employer identification number 04-3682610

OMB No. 1545-0047

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT ENTERTAIN, ENGAGE, AND EDUCATE AUDIENCES THROUGH A DIVERSE RANGE
OF INDEPENDENT-MINDED FILMS, A FULL CURRICULUM OF COURSES, AND AN
EXTENSIVE PROGRAM OF SPECIAL EVENTS. BMFI BUILDS COMMUNITY THROUGH FILM
CULTURE, WHILE MAINTAINING STRONG CONNECTIONS TO ITS HISTORIC VENUE'S
CINEMATIC PAST.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR OF THE ORGANIZATION AND THE FINANCE COMMITTEE REVIEW
THE FORM 990 BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWED AND SIGNED BY THE BOARD OF DIRECTORS ANNUALLY
FORM 990, PART VI, SECTION C, LINE 19:
COPIES OF AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY,
GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE UPON SPECIFIC REQUESTS TO
MANAGEMENT. FORM 990 IS ALSO AVAILABLE ON THE INTERNET AT WWW.GUIDESTAR.ORG
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2017)