EXTENDED TO NOVEMBER 15, 2022

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A	POF U	ne 2021 calendar year, or tax year beginning and end	ling			
В	Check applica	C Name of organization		D Employer identifi	cation number	
	Add chai					
Ĺ	Nam chai	ge I Doing business as		04-36826	10	
L	initia retui Fina retui		m/suite	E Telephone number 610-527-4008		
1	term term ated					
Г		City or town, state or province, country, and ZIP or foreign postal code BRYN MAWR, PA 19010		G Gross receipts \$	3,443,703.	
늗	retur App tion	1		H(a) is this a group re		
L.,.	tlön pen⊲	lina		for subordinates	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		xempt status: X 501(c)(3)	527	If "No," attach a	list. See instructions	
		ite: ► WWW.BRYNMAWRFILM.ORG		H(c) Group exemptio		
		of organization: X Corporation Trust Association Other	L Year o	of formation: 2002 N	1 State of legal domicile: PA	
P	art l	Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FILM EXAND PRESERVATION OF HISTORIC THEATER BUILD	XHIB TNG	ITION AND E	DUCATION	
Ē	2	Check this box if the organization discontinued its operations or disposed		than 25% of its not as	and a	
Š	3	** · · · · · · · · · · · · · · · · · ·			14	
Ŏ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	•••••••		13	
ος (7)	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	47	
īře	6	Total number of volunteers (estimate If necessary)		6	0	
÷	7.	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
۷	'	Net unrelated business taxable income from Form 990-T, Part I, line 11		7a	0.	
	 	The Chine area Dusiness taxable income from Porm 990-1, Part 1, line 11				
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 781,765.	Current Year	
nue	9			483,220.	2,768,954.	
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	···	52,919.	509,837.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	···	53,766.	45,751.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	···	1,371,670.	76,862. 3,401,404.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		
	14			0.	0.	
(A)	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	├	855,547.		
Se	169	Professional fundraising fees (Part IX, column (A), line 11e)	···	033,347.	993,114.	
Expenses	""	Total fundraising expenses (Part IX, column (D), line 25) ► 123,378.			0.	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>•</u> 362	902,901.	1 006 300	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	├─	1,758,448.	1,006,299.	
	19	Revenue less expenses. Subtract line 18 from line 12	···	-386,778.	1,999,413.	
500		Trovende less expenses. Subtract line to from line 12			1,401,991.	
ets	20	Total assets (Part X, Ilne 16)		inning of Current Year 11,499,273.	End of Year	
Net Assets Fund Balan	21	Total liabilities (Part X, line 16)	···	1,384,401.	12,709,344.	
Set	22	Net assets or fund balances. Subtract line 21 from line 20	···		869,561.	
P	artii	Signature Block		10,114,872.	11,839,783.	
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	d atatama	nto and to the best of w	etati-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti-ti-	
frua	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	ı stateme	ents, and to tite dest of my	/ Knowledge and belief, it is	
	, 00110	The state of the s	oreparer :	nas any knowledge.	 	
Sig	n	Signature of officer		Date Date	106/2022	
Her		SAMUEL R. SCOTT, EXECUTIVE DIRECTOR		24.0	/ /	
1101	•	Type or print name and title	***************************************			
		Print/Type preparer's name Preparer's signature	I D	ate Check	I PTIN	
Paid	d	EDWARD W. DORAN, CPA		Ollock		
	narer	Firm's name ISDANER & COMPANY, LLC	- U	8/16/22 If self-employe	P00841330	
	Only	Firm's address THREE BALA PLAZA, SUITE 501 WEST		Firm's EIN	23-6410283	
		BALA CYNWYD, PA 19004-3484		Dh / E	10\ 660 4200	
Max	the !	RS discuss this return with the preparer shown above? See instructions	<u> </u>	Prione no. (O	10) 668-4200	
IVIC.	ן עוט ו	no discuss unit return with the preparer shown above? See Instructions			X Yes No	

BRYN MAWR THEATRE FILM INSTITUTE 04-3682610 Page 3 Part IV Checklist of Required Schedules Yes No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 Dld the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 if "Yes," complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, VIII, IX, or X. as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b c 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 Х 11c 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Dld the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See Instructions

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

Form 990 (2021)

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X

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X

X

Form	990 (2021) BRYN MAWR THEATRE FILM INSTITUTE 04-3682	610	Pa	age 4
Pai	TIV Checklist of Required Schedules (continued)		···-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		Х
	Schedule J	-20		
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			
		24a		Х
	Schedule K. If "No," go to line 25a	24b		
d	Did the organization invest any proceeds of tax-exempt solids beyond a temporary points discovered. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		ļ.	
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	.		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		<u> </u>	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	250,000	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,		4.45	7
	instructions for applicable filing thresholds, conditions, and exceptions):	en Carrie		\$5.0
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200	 	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	28c		x
	"Yes," complete Schedule L, Part IV	29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	2.0		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32		32		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
Q +	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: Ali Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pai	rt 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			
		Λ Silvers	Yes	No
1a	Enter the number reported in box 3 of Form 1096, Enter -0- if not applicable	기		
b	Enter the number of Forms W-2G included on line 1a, Enter -U- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.016	X	1 Comm
	(gambling) winnings to prize winners?	1c	1 A	1

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BRYN MAWR THEATRE FILM INSTITUTE Form 990 (2021) 04-3682610 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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)? 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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5h c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5¢ 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partiy as a contribution and partly for goods and services provided to the payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 1000 sponsoring organization have excess business holdings at any time during the year? 8 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? 9h 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations, Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?______ X 15 If "Yes," see the instructions and file Form 4720, Schedule N. 12 127 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the Imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

132005 12-09-21 11230816 794445 17060.0 Form 990 (2021)

04-3682610 BRYN MAWR THEATRE FILM INSTITUTE 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 on Schedule O. See Instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 13 b Enter the number of voting members included on line 1a, above, who are independent Dld any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 85 b Each committee with authority to act on behalf of the governing body? 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements?

Section C. Disclosure

)	
17	List the states	with which a cop	y of this For	m 990 is red	quired to b	e filed	▶ !.	Α

824 WEST LANCASTER AVENUE, BRYN MAWR,

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain on Schedule O) X Upon request Another's website X Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records JANICE PRENDERGAST - 610-527-4008

Form 990 (2021)

PA

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Part VIII 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)		T					nsa			
Name and title	(B) Average			(O Pos	زن ition	1		(D)	(E)	(F)
Name and the	hours per	(do	not e unle	heck	more	than	one	Reportable compensation	Reportable compensation	Estimated amount of
	week	offi	cer ar	id a d	lrecto	or/trus	tee)	from	from related	other
	(list any	ig					•	the	organizations	compensation
	hours for	l ge			İ	8		organization	(W-2/1099-MISC/	from the
	related	o eats	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Ē	mal tr		loyee	lg a		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Fоrmer			organizations
(1) SAMUEL R SCOTT	50.00	=	 = -	٦	Ļ	王亞	Œ.			
EXECUTIVE DIRECTOR		1	ł	X				125,000.	0.	490.
(2) JULIET J GOODFRIEND	0.50				-	\vdash				
CHAIR		x		x	İ			0.	0.	0.
(3) JOHN HERSKER	0.50	Т	l				_			
VICE CHAIR		X		X				0.	0.	0.
(4) ALICE BULLITT	0.50	Ì			-					
SECRETARY		x		x				0.	0.	0.
(5) CHRISTOPHER CAREY	0.50	Г			Т	一			-	
DIRECTOR	-h	x		l				0.	0.	0.
(6) JANE RAUCKHORST CORRIGAN	0.50					 				
DIRECTOR		1 x				ļ		0.	0.	0.
(7) HARRY GROOME	0.50									
DIRECTOR		Х						0.	0.	0.
(8) JOANNE HARMELIN	0.50					Г		-	***************************************	
DIRECTOR		X						0.	0.	0.
(9) MICHAEL W HARRINGTON	0.50									
DIRECTOR		Х						0.	0.	0.
(10) FRANCES INGERSOLL	0.50									
DIRECTOR		X						0.	0.	0.
(11) TED PETERS	0.50									
DIRECTOR		Х						0.	0.	0.
(12) DAVID B PUDLIN	0.50					Γ				
DIRECTOR		Х		}				0.	0.	0.
(13) ALLEN C SABINSON	0.50									
DIRECTOR		X						0.	0.	0.
(14) LYN WIESINGER	0.50									
DIRECTOR		X				<u> </u>		0.	0.	0.
		-			<u> </u>	 	 			
- 										
			<u> </u>		Щ,	Ц.,.			<u> </u>	

132007 12-09-21

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ghe	st C	Compensated Employe	es (continued)	
(A)	(B)			{(C)			(D)	(E)	(F)
Name and title	Average	Ide	not a	Pos	itior	ì ∙than	опа	Reportable	Reportable	Estimated
. .	hours per	box	, unle	ss pe	rson	ls bot	h an	compensation	compensation	amount of
	week	⊢	cer an	dad	recto	or/trus T	.ee)	from	from related	other
	(list any	ecto						the	organizations	compensation
•	hours for related	or di	93	İ		ated	•	organization	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	nstee	truste		93	bens		(W-2/1099-MISC/ 1099-NEC)	(OBS-NEC)	and related
	below	ual tr	ional	١.	pkoyi	yee yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	- Julie			"
		-	-	<u> </u>	¥					
		ł			1					
										
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41.0.11.1.1		Ь-		<u> </u>	l	_	╴	125,000.	0	. 490.
1b Subtotal	I Dankon A		· · · · · ·			•••••		0.	0	
c Total from continuation sheets to Part V								125,000.	0	
d Total (add lines 1b and 1c)	at limited to th		liote		hov	<u></u>	bo r		000 of reportable	
	ot imited to tr	1056	i ii Suc	ou a	DOV	C) W	110 1	CONTROL MOTO MAIN WITCH	,,000 0, Toportuois	1
compensation from the organization										Yes No
3 Did the organization list any former officer,	discotor terrot	50	kore	aman	dove		r bir	wheet compensated emit	olovae on	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3 X
								har compensation from		
4 For any individual listed on line 1a, is the st and related organizations greater than \$15										4 X
										14 780 78 60 C 1888
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	กรสเ	KOT O	non	nan;	y urii	eia	ted organization or marv	iddal for services	5 X
Section B. Independent Contractors	рівсө эспециі	901	UI S	uGH	per	SUII				<u> </u>
	mnanastad is	des	on d			racti	nrn i	that received more than	\$100,000 of compar	esation from
1 Complete this table for your five highest co the organization. Report compensation for	imperisated in	neh	ond:	יוונ ל	zVIII. Ad≠h	or 10	iithi iithi	n the organization's tay	vear.	
	the Caleridar y	ÇCI!	GIIGI	iigi v	MICH	OI W	7151 111	(B)	your.	(C)
(A) Name and business	address	N	INC	- 7:				Description of s	services	Compensation
	·			_				<u> </u>		
						 	ᅱ			
							_			
			·							
2 Total number of independent contractors (notudina kut a	ot !	mitc	d +c	+4~	- II	l	d above) who received n	ore than	
		IQL II	mire	u lü		ose II O	o LUC	u abovej who received is	NO GIAIT	
\$100,000 of compensation from the organi	zation							<u> </u>	1 - 3 - 3	Form 990 (2021)

188	, Digitals	ر ان	Check if Schedule O			or note to say li	no in this Dart VIII			
			Check if Schedule Of	Ortan	is a response	or note to any ii	(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts	1	b c d e f	Membership dues	ibution grants, above	1b 1c 1d ns) 1e 1, and 1f 1g \$	950,965. 484,093. 12,641.	2,768,954.			
						Business Code	Alektris verministen in 19	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
မ	2	а	THEATER			711110	485,729.	485,729.		
. <u>₹</u> a		b	EDUCATION/TUI	TIO	N	611600	24,108.	24,108.		
Program Service Revenue		c d								
ρœ		е								
ፚ		f	All other program service r	evenu	le				1	
		g	Total. Add lines 2a-2f				509,837.	Andrews and the second	The selection of the own	The state of the second st
	3 4		Investment income (Includ other similar amounts) Income from investment o	ling đi	vidends, interd	est, and	45,751.			45,751.
	5		Royalties							
	l .		Gross rents	6a	(i) Real 27,015. 0.	(ii) Personal				
			, , , , , , , , , , , , , , , , , , , ,	6b				sulverson in realism	ale:306.30.00(4)(4)(4)	PARAGRACION S
	ŀ		, , ,		27,015.	<u></u>	27 015	27 015	3337635	
	1		Net rental income or (loss)		(i) Securities	(ii) Othou	27,015.	27,015.	V2002 V2004 (1860 V200 V200 V200 V200 V200 V200 V200 V2	(1000mi20) all Market Area (1000mi20)
	'	a	Gross amount from sales of	! ⊢	(i) Securities	(ii) Other	4.00, 15.10, 15.70, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10, 15.10		建筑建设设施	(4) 医
			· 1	7a			Jakoba a nagatawa		4.452100000	infection of ex-
0		b	Less: cost or other basis	_						100 A 100 A
T.				7b			and the second			Stanta Terr
ě				7c			Section Property	and strangenicular	CONTRACTOR WINDS	CONTRACTOR STATE
ᄷ			Net gain or (loss)				ES MANAGEMENT DE SUIT ANNO ANNO ANNO ANNO ANNO ANNO ANNO ANN	No estavidada atravata estada	- No Francisco de Companyo (1986), esperánto	- Silvedont dan ber behaveten overlede weden sid
Other Revenue	8	а	Gross income from fundraisin including \$	g even	IS (not					
			contributions reported on I	line 10). See		ANTO SECURIOR	TO ALCOHOLD	digraphic and delica	
			Part IV, line 18							100000000000000000000000000000000000000
i			Less: direct expenses					K. Tarangan		
			Net income or (loss) from f				TO ATT THE ACTIVITY OF THE PROPERTY OF THE	\$3.450 \$1.00 (\$2.45 \$4.5)		
	9	a	Gross income from gaming				15.00			NO ASSOCIATION
			Part IV, line 19							
			Less: direct expenses					Samuel Antonio de la	in all pursuances	a francisco de la companya de la companya de la companya de la companya de la companya de la companya de la co
			Net income or (loss) from g			<u> </u>	The structure of the structure of the Structure of	region de la mar a de la marca de la companya de la companya de la companya de la companya de la companya de l	and the second s	100000000000000000000000000000000000000
	10	a	Gross sales of inventory, le			00 010	44-80 (00 A 4 44-40	gradus and and the state of the		
		_	and allowances					1 A 18 2 3 4 1 3 4		
			Less: cost of goods sold			42,299.	40 544	40 - 74	SEE SEE SEE	28842.00/2007
		C	Net income or (loss) from s	sales c	t inventory	<u> </u>	48,511.	48,511.	POSSER, INCOME PART PART AND STREET	となるないである。 1000年までは、1000年まで、1000年ま
ន្ទ			בטפאצאפס דאנפטי	ME		Business Code	1 226	1 225		16.7.5.1
Miscellaneous Revenue	11		BREAKAGE INCO	KLE:		900999	1,336.	1,336.	<u> </u>	
yen Ven		b						· · · · · · · · · · · · · · · · · · ·	ļ	
Re		C	All all and							
Σ			All other revenue			<u> </u>	1 226		egy kölög kendlet och dat den de	Lette Petropeta Salta value de l'estre
		e	Total Add lines 11a-11d		***************************************	<u></u>	1,336. 3,401,404.	E 0 C C C C C	CONTRACTOR OF THE PARTY OF THE	AE DEA
	12		Total revenue. See instruction	الا			N,401,404.	586,699.	0.	45,751.

Form 990 (2021) BRYN MAWR THE
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				tender und verteilt der der der der der der der der der der
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				r Paris III de la company
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,	125 400	50,196.	62,745.	12,549
	trustees, and key employees	125,490.	30,130	02,743.	14/042
6	Compensation not included above to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	761,187.	570,331.	114,738.	76,118
7	Other salaries and wages	101,101.	3,0,331+		,
8	Pension plan accruals and contributions (include	10,852.	7,596.	2.170.	1.086
_	section 401(k) and 403(b) employer contributions)	25,590.	18,060.	2,170. 4,971.	1,086 2,559
9	Other employee benefits	69,995.	48,997.	13,999.	6,999
10	Payroll taxes	05,555.	20/3310		
11	Fees for services (nonemployees):				
	Management	10,206.		10,206.	
	Legal	17,447.		17,447.	
_	Accounting	21/22/4			
d	Lobbying Professional fundraising services. See Part IV, line 17			716	
e	Investment management fees		personal de la companya de la companya de la companya de la companya de la companya de la companya de la compa	A WALL CARRY CALLER CONTROL OF THE WOODSKIP	
f	Other. (If line 11g amount exceeds 10% of line 25,	,			
9	column (A), amount, list line 11g expenses on Sch 0.)	31,969.	8,925.	23,044.	
12	Advertising and promotion	865.	216.	649.	
13	Office expenses	61,262.	27,485.	18,733.	15,044
14	Information technology	, , , , , , , , , , , , , , , , , , , ,			
15	Royalties				······
16	Occupancy	189,440.	144,624.	42,961.	1,855
17	Travel	425.	404.		21
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	353,288.	275,565.	74,190.	3,533
23	Insurance	37,761.	29,453.	7,930.	378
24	Other expenses, Itemize expenses not covered	a di series de la companya de la companya de la companya de la companya de la companya de la companya de la co		The state of the s	
-	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	and the second		acher si e a l'Indiant	t interest in a
	amount, list line 24e expenses on Schedule 0.)				something the
а	FILM RENTAL	199,028.	199,028.		
b	TICKET FEES	40,145.	40,145.		····
С	BANK CHARGES	30,467.	28,944.		1,523
d	MISCELLANEOUS	21,400.	3,599.	17,801.	·
e	All other expenses	12,596.	10,129.	754.	1,713
25	Total functional expenses. Add lines 1 through 24e	1,999,413.	1,463,697.	412,338.	123,378
 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
				i 1	

Balance	

17.9	ri A			м г и			
		Check if Schedule O contains a response or no	e to ar	y line in this Part X		· · · · · · · · · · · · · · · · · · ·	<u></u>
				•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,031.	-	609,285.
	2	Savings and temporary cash investments			1,484,403.	1	1,001,466.
	3	Diodace and grante receivable not		•••••••••••	130,740.	2	
	4	Pledges and grants receivable, net	***************************************	100,740.	3	243,084	
	5	Accounts receivable, net		. William of the state of the s	4	5,060	
	"	trustee, key employee, creator or founder, subs		A W			
		controlled entity or family member of any of the					
	6	Loans and other receivables from other disquali				5	
ρ		under section 4958(f)(1)), and persons describe				13 ST	information and
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	•••••	***************************************	4,104.	8	5,923
As	9	the state of the s			34,433.	9	35,742
	1	Land, buildings, and equipment: cost or other	i i	• • • • • • • • • • • • • • • • • • • •		- 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25	33,142
	""	basis. Complete Part VI of Schedule D	100	11,118,355.			
	ь	Less: accumulated depreciation	100	4 061 693	7,366,355.	.AA.5340	7,056,662.
	11	Investments - publicly traded securities	7,500,555.	10c	7,030,002.		
	12	Investments - other securities. See Part IV, line	2,429,709.	11	3,712,624.		
	13	Investments - program-related. See Part IV, line	4,443,103.		J, 112, 02#		
	14	Intangible assets		39,398.	13 14	39,398	
	15	Other assets. See Part IV, line 11	***************************************	100.	15	100	
	16	Total assets. Add lines 1 through 15 (must equ			11,499,273.	16	12,709,344
	17	Accounts payable and accrued expenses	38,013.	17	73,787		
	18	Grants payable	• • • • • • • • • • • • • • • • • • • •	00,010.	18	73,707	
	19	Deferred revenue	435,485.	19	554,198.		
	20	Tax-exempt bond liabilities	******	***************************************	100/100+	20	334,130,
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
Ø	22	Loans and other payables to any current or form			3137577 TVANCE #17515 FEB	566	
Liabilities		trustee, key employee, creator or founder, subst		·		7.7	
abi		controlled entity or family member of any of thes				22	
7	23	Secured mortgages and notes payable to unrela			910,653.	23	241,326
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					· · · · · · · · · · · · · · · · · · ·
		parties, and other liabilities not included on lines					
		of Schedule D		·	250.	25	250.
	26	Total liabilities. Add lines 17 through 25			1,384,401.	26	869,561.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X	Talkara wasining	分類	ACCOMPANIES.
ğ		and complete lines 27, 28, 32, and 33.			g 2 g ch (1 3 g 2 g 3 g 3 g 4 g 7 g 7 g 7 g 7 g 7 g 7 g 7 g 7 g 7	V.	ASTRONOLOGICALOSTICO
la la	27	Net assets without donor restrictions			9,994,443.	27	11,711,447.
ñ	28	Net assets with donor restrictions	120,429.	28	128,336.		
Ĕ		Organizations that do not follow FASB ASC 9			es Publicación (cost	300	
Ĕ		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current funds			and the second second terror and a second terror consequence producting the grant of the second terror and the second terror and the second terror and ter	29	and the second s
se	30	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Se	32	Total net assets or fund balances			10,114,872.	32	11,839,783.
	33	Total liabilities and net assets/fund balances			11,499,273.	33	12,709,344.

Form **990** (2021)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Name of the organization Employer identification number BRYN MAWR THEATRE FILM INSTITUTE 04-3682610 Part 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(II). (Attach Schedule E (Form 990).) 2 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 II, 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 in your governing document? (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))

Schedule A (Form 990) 2021

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						
	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			1010000	904 BCE	00000	C0C7021
	include any "unusual grants.")	1227102.	1041048.	1048362.	781,765.	2768954.	6867231.
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	4005400	4044040	1040262	701 765	2768954.	6867231.
	Total. Add lines 1 through 3	1227102.	1041048.	1048362.	781,765.	2/00334.	0001231+
5	The portion of total contributions						
	by each person (other than a					Jegan Session	
	governmental unit or publicly	SEAR TO MAKE THE				机弧焰 电动性分离	
	supported organization) included						
	on line 1 that exceeds 2% of the		a Angelog (1997) ang santa Angelog (1997) ang angelog (1997)				
	amount shown on line 11,	3.12.13.13.13.13					53,058.
	column (f)		and an experience agreement and	State and State of St	AND A CONTROL OF THE STATE OF		6814173.
	Public support, Subtract line 5 from line 4.			[[2] 10 10 10 10 10 10 10 10 10 10 10 10 10	· 利益分析 1.200年2.06.26.2003	\$ 15 A S S S S S S S S S S S S S S S S S S	00111701
	ction B. Total Support		#3.0040	/-\ 0010	(4) 2020	(e) 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017 1227102.	(b) 2018 1041048.	(c) 2019 1048362.	(d) 2020 781,765.	2768954.	6867231.
	Amounts from line 4	122/1021	T04T040	T04030E1	,017,000		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	87,368.	122,956.	121,428.	75,369.	72,766.	479,887.
	and income from similar sources	07,300.	122,550.	121,1201	,0,000		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					İ	
	or loss from the sale of capital					1	
	assets (Explain in Part VI.) Total support, Add lines 7 through 10	758 m. 504 (45 7 445 m.)	delica in February	1887 N. S. S. S. S. S. S.	visit in the second	ar is server to be a server	7347118.
	Gross receipts from related activities,	20 C 10 P 1 10 P 10 P 10 P 10 P 10 P 10 P					,925,705.
12	First 5 years. If the Form 990 is for the	, etc. (see manucu a organization's fi	ret second third	fourth or fifth tax	vear as a section !		·····
13	organization, check this box and stor						▶□
Sar	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (column (f))		14	92.75 %
	Public support percentage from 2020				***************************************	15	90.06 %
160	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this be	ox and
106	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the	organization did no	t check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes	t - 2021. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
118	and if the organization meets the fact	ts-and-circumstand	es test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to						N 1
L-	10% -facts-and-circumstances tes	t - 2020. If the ord	anization did not	check a box on lin	e 13, 16a, 16b, or		
ι.	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and s	top here. Explain i	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization au	alifies as a publici	y supported organ	nization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, <u>16b, 17a, or</u> 17	b, check this box	and see instruction	ns 🕨 🔲
<u></u>			****			Schedule A	(Form 990) 2021

Schedule A (Form 990) 2021 BRYN MAWR THEATRE FILM INSTITUTE 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 falls to
qualify under the tests listed helow, please complete Part II.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and						(1) 10 101
membership fees received. (Do not						I
include any "unusual grants.")				İ		I
Gross recelpts from admissions, merchandlse sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
Gross receipts from activities that	***************************************			1		
are not an unrelated trade or bus-						I
iness under section 513				1]	
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or ayponded on its behalf						1]
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				1		
Total. Add lines 1 through 5						
Amounts included on lines 1, 2, and				-		
3 received from disqualified persons				+		
Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				 		
Add lines 7a and 7b	ole suresono del veci	·金属金属在金属等1000000000000000000000000000000000000	Contract States Contract	Si regionali pedanci di angli mga	S PERKING TAKENSTANE	
Public support. (Subtract line 7c from line 6.) Ston B. Total Support		and a second second	and a second second	Congress and some state of	1564 and although	
dar year (or fiscal year beginning in)	(-) 0047	#1004B	1.20040	1 (0.000	T :::	
Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
dividents from line 6 frost income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other Income, Do not Include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for the	organization's fir	st, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizati	ion.
check this box and stop here	*****					
tion C. Computation of Public	Support Per	rcentage				
Public support percentage for 2021 (line			column (fi)		15	%
Public support percentage from 2020 S	chedule A. Part	III, line 15			16	%
tion D. Computation of Invest	ment Income	e Percentage			1	
nvestment income percentage for 2021			ne 13. column (fl)		17	%
nvestment income percentage from 202	20 Schedule A. I	Part III. line 17	,		18	9/
33 1/3% support tests - 2021. If the or	ganization did n	ot check the box	on line 14. and lin	e 15 is more than	33 1/3% and line 1	
more than 33 1/3%, check this box and						. \square
33 1/3% support tests - 2020. If the on						
	or look a		u, or Too, Check I	and box and 556 II		/Form 900\ 2021
ine 18 is not more than 33 1/3%, check Private foundation. If the organization of 01-04-22	this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (II) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9c	385.756	32.6
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_	rt IV Supporting Organizations (continued)	00201	v Pa	age 5
	CONTRINGEN		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	AWAYN.	3/6	$\mathcal{H}_{\mathcal{F}} \cong \mathcal{H}_{\mathcal{F}}$
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail In Part VI. tion B. Type I Supporting Organizations	11c		
	tion b. Type I oupporting Organizations		\ <u>\</u>	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	NAME OF	Yes	No
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.	45 715		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	Print Names		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	asides.	LERE'S A
2	Did the organization operate for the benefit of any supported organization other than the supported	1000 ASSETTED	SA SA	31.72
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4. 编点		320
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Vicy (4.4)		
	supervised, or controlled the supporting organization.	2	0.110-3	924
Sec	tion C. Type II Supporting Organizations			
		No. 100 Constant	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10.45		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			186.53
	or management of the supporting organization was vested in the same persons that controlled or managed			主题
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1 1	L	
	tion Divin Type in Oupporting Organizations		\ <u>\</u>	T
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7052257	Yes	No
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		類型	建
	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		HHZZZ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ZZZ	878
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			27.44
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	NUMBER ALLY	10000000000000000000000000000000000000
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	1884 AND 18	機制的	曹操
	significant voice in the organization's investment policies and in directing the use of the organization's	2014		100 m
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			9.00
0	supported organizations played in this regard.	3		
	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 yeatsee instruction	s).		
a	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.			
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test, Answer lines 2a and 2b below.	instructio		Г.,
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	energe en	Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		315 100 315 100	基度
	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		LEMANY TANKA	
	that these activities constituted substantially all of its activities.	2a		188
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	24		1779 (A) 1770 1771 (A) 1770 1771 (A) 1770
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	基数		(4.60)
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	12,500		YW
	these activities but for the organization's involvement.	2b	10000000	POP SAN
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	Î NAVE	100 M	1/2,4.0
а		\$6.53		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	4574 (15 5 2)	7.5 N
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		模型	14.75
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 BRYN MAWR THEATRE FILM	INST	ITUTE 0	4-3682610 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st comple	te Sections A through E.	
Sect	on 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		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 1 8 Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	45.64 45.64	Service for the service of the servi	
	instructions for short tax year or assets held for part of year):	120		
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	107850	化合物的现在分词的特别	数据的数据数据数据数据数据
·	(explain in detail in Part VI):	41631		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see Instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount		91.500 (c) 27.45.22 (d)55.32 (d)	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2	A. E. ST. T. T. T. T. T. T. T. T. T. T. T. T. T	
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		1.5 mg (2.15 (\$10.0 \$10.	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

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 THEATRE FILM INSTITUTE

Employer identification number 04-3682610

	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, In	e 6.	and a second sec
		(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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onferring
I	impermissible private benefit?		Yes No
Pa	IT II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	historically Important land area
	Protection of natural habitat	l''	certifled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year,		Held at the End of the Tax Year
а	Total number of conservation easements	,	2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
ď		after 7/25/06, and not on a historic structur	re
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year 🕨		•
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemen	nts that describes the
-	organization's accounting for conservation easements.		
Pa	Collections Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS		<u>-</u> .,
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X	ALC: 1	> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 202

7,056,662.

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

<u>1</u>	(a) Description of liability	(b) Book value	_
(1)	Federal income taxes		
(2)	SECURITY DEPOSITS	250	,
(3)			
(4)			_
(5)			
(6)			_
(7)			_
(8)			
(9)			_
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	> 250	١.

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 FASB ASC 740, Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

nedule D (Form 990) 2021 DRITE TERMINE TITELLE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
att VI Reconciliation of Revenue per Audited Financial Statements With Revenue per	

۲a	TXI Reconciliation of Revenue per Audited Financial Sta		•		
	Complete if the organization answered "Yes" on Form 990, Part IV, Iin			г. Т	2 766 623
1	Total revenue, gains, and other support per audited financial statements			1	3,766,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 3	202 020		
а	Net unrealized gains (losses) on investments		322,920.		
b	Donated services and use of facilities			Way 4	
c	Recoveries of prior year grants		40.000	がを決し	•
d	Other (Describe in Part XIII.)	2d	42,299.	1 22	265 210
e	Add lines 2a through 2d			2e	365,219.
3	Subtract line 2e from line 1			3	3,401,404.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b		1004	0.
C	Add lines 4a and 4b	***************************************		4c	3,401,404.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		n Expenses per	Ketu	m.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			Т.Т	2,041,712.
1	Total expenses and losses per audited financial statements		***************************************	1	Z, V41, /12.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		1 1			
	Donated services and use of facilities				
b		2b			
b		2b 2c	40 200		
b c d	Prior year adjustments Other losses	2b 2c	42,299.	10.000000000000000000000000000000000000	42 200
C	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	42,299.
d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		10.000000000000000000000000000000000000	42,299. 1,999,413.
c d e	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:	2b 2c 2d		2e	
c d e	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:	2b 2c 2d 4a		2e	
c d e 3 4	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:	2b 2c 2d 4a		2e 3	1,999,413.
c d e 3 4 a b	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	2b 2c 2d 4a 4b		2e 3	

Part XIII Supplemental Information.

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

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, 2021 OR 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2021 BRYN MAWR THEATRE FILM INSTITUTE Part XIII Supplemental Information (continued)	04-3682610 Page 5
Supplemental Information (continued)	**************************************
SPECIAL EVENTS	
COST OF GOODS SOLD	42,299.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS	
COST OF GOODS SOLD	42,299.

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection Employer identification number

04-3682610 BRYN MAWR THEATRE FILM INSTITUTE 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: STATE-OF-THE-ART HVAC FILTRATION THROUGHOUT THE BUILDING, THE INSTITUTION OF DYNAMIC RESERVED SEATING AND OTHER DISTANCING MEASURES, ALL-ONLINE TICKETING, AND THE PRE-PURCHASING OF CONCESSIONS TO FACILITATE SOCIAL DISTANCING AND MINIMIZE PHYSICAL CONTACT. INCLUDING 115 IN-THEATER (47 IN 2021, BMFI EXHIBITED 183 UNIQUE TITLES, SPECIAL/REPERTORY, 68 NEW RELEASE) AND 68 VIRTUAL CINEMA TITLES, WHICH WERE SEEN BY 38,437 AND 1,200 PEOPLE, RESPECTIVELY. IN-PERSON EDUCATIONAL PROGRAMMING RESTARTED IN JULY OF 2021. BMFI OFFERED 102 DISTINCT FILM EDUCATION PROGRAMS (12 IN-PERSON, 15 VIRTUAL MINI-LESSONS, 28 LIVE ONLINE DISCUSSIONS, 28 RECORDED ONLINE INTRODUCTIONS, AND 20 REMOTE CLASSROOM COURSES) TO MORE THAN 434 IN-PERSON STUDENTS AND 12,120 VIRTUAL PARTICIPANTS. IN ADDITION, BMFI'S SEE - HEAR - FEEL - FILM THIRD-GRADE VISUAL LITERACY PROGRAM WAS CONDUCTED VIRTUALLY FOR 278 STUDENTS IN 13 CLASSES FROM FOUR SCHOOLS IN FOUR SCHOOL DISTRICTS. IN TOTAL, BMFI PROVIDED PROGRAMS FOR 38,871 ON-SITE PARTICIPANTS AND 13,598 VIRTUAL PARTICIPANTS. OVER THE COURSE OF THE YEAR, 6,518 PEOPLE WERE ACTIVE BMFI MEMBERS AND 1,630 PEOPLE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization BRYN MAWR THEATRE FILM INSTITUTE	Employer identification number 04-3682610
MADE FINANCIAL CONTRIBUTIONS TO BMFI.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR OF THE ORGANIZATION AND THE FINANC	E COMMITTEE REVIEW
THE FORM 990 VIA EMAIL 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 B, LINE 15:	
PROCESS OF DETERMINING COMPENSATION INCLUDES ANNUAL REVIE	WS FOR ALL
EMPLOYEES, INCLUDING EXECUTIVE DIRECTOR, REVIEW AND APPRO	VAL BY INDEPENDENT
PERSONS, COMPARABILITY DATA AND SUBSTANTIATION OF DECISIO	N.
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTER	EST POLICY,
GOVERNING DOCUMENTS AND FORM 990 ARE AVAILABLE UPON SPECI	FIC 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.	