Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning

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

and ending

Open to Public Inspection

OMB No. 1545-0047

BRYN MAWR THEATRE FILM INSTITUTE 04-3682610	Во	check if pplicabl	C Name of organization	D Employer identific	ation number
Deling husiness as Number and storet for P.D. box if mail is not delivered to storet address) Room/suite E Telephore number 610-527-4008 City or town, state or province, country, and ZIP or foreign postal code ROOM Part Pa			BRYN MAWR THEATRE FILM INSTITUTE		
Number and afrect for PL, box if mall is not delivered to street address) Room/suits E Telephone number S24 WEST LANCASTER AVENUE City or town, state or province, country, and ZPP or foreign postal code G town-measures 3,699,568. RNN MAWR, PA 19010 G town-measures 3,699,568. RNN MAWR, PA 19010 G town-measures 3,699,568. RNN MAWR, PA 19010 G town-measures G	\vdash			04-368261	10
Section Sect	\vdash	initial			
City or town, state or province, country, and ZIP or foreign postal code BRYN MAWR, PA 19010 BRYN MAWR, PA 19010 SAME AS C ABOVE Tax-exement status: XI 9010(status: Status: Status: Association Other Year of formation: 2002 M State of legal domicility: PA	F	Final	924 MPCM LANCACMPD ATTENTIO		
RRYN MAWR, PA 19010 H(g) It this a group return for subcordinates? Ves No H(b) Review and address of principal officiar BRIAN SCOTT FISHER SAME AS C ABOVE Ves No H(b) Reveal haddresides included?		termin			
SAME AS C ABOVE Tax-exement status: XI solicity		Amon		-	
SAME AS C AROVE Tax-exempt status X 501(c)(3) 501(c)(4) (insert na.) 4947(a)(1) or 527 If "No, attach a last Set inductions Hybrid programs No 1	\vdash				
Tax-exempt status: X 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 Ho) Group exemption number		pende			
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Record of companications X Corporation Trust Association Other L Year of formations 2002 M State of legal domicilie; PA					
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AND PRESERVATION OF HISTORIC THEATER BUILDING Check this box				in the second se	Cate of logar dofficito, 2 22
Second S	_				UCATION
Second S	ě		AND PRESERVATION OF HISTORIC THEATER BUILDING	3	
Second S	Ē	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
Second S	ove				
Second S	Ö				
Second S	88	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	
Second S	ě	6	Total number of volunteers (estimate if necessary)	6	
Second S	(cti				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1 1,572,394. 1,486,440. 11,572,394. 1,486,440. 11 10 Investment income (Part VIII, lone 2g) 11 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 11 10 Investment income (Part VIII, column (A), lines 3,6,8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1-4) 16 Professional fundraising less (Part IX, column (A), line 1-1) 17 Other expenses (Part IX, column (A), line 1-1) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total isabilities (Part X, line 26) 22 Total assets of the compensation of the part IX, column (A), line 25) 23 Part assets or fund balances Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total isabilities (Part X, line 26) 22 Part assets or fund balances Subtract line 21 from line 20 21 Total isabilities (Part X, line 26) 23 Part assets or fund balances Subtract line 21 from line 20 24 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, peclaration-of-accepter (other than officer) is based on all information of which preparer has any knowledge. Preparer Sname 20 EDWARD W. DORAN, CPA EDWARD W. DORAN, CPA 11/06/25 (Prim StIN 23-6410283) 21 EDWARD W. DORAN, CPA EDWARD W. DORAN, CPA 11/06/25 (Prim StIN 23-6410283) 22 Part StIN 23-6410283 23 Part StIN 23-6410283 24 Part StIN 23-6410283 25 Part StIN 2	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
9 Program service revenue (Part VIII, line 2g) 1 1,572,394. 1,486,440 1 Investment income (Part VIII, column (N), lines 3,4, and 7d) 1 10 Investment income (Part VIII, column (N), lines 3,6,8c, 9c, 10c, and 11e) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 Otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3 0,034,362. 3,585,278. 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-3) 1 Benefits paid to or for members (Part IX, column (A), lines 1-10) 1 Column (A), lines 1-10, lines 1-10, lines 5-10) 1 Column (A), lines 1-10, lines					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Φ		• • • • • • • • • • • • • • • • • • • •		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	enn				
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11e) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Lotal assets or fund balances. Subtract line 21 from line 20 24 Lotal liabilities (Part X, line 26) 25 Signature Block 25 Under penalties of parjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of thicer 26 Preparer's name 27 Preparer's name 28 Preparer's name 29 Preparer's name 20 Date 20 Date 20 Preparer's name 20 Date	_				
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.					
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19 Revenue less expenses. Subtract line 18 from line 12 4,858. 434,040. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,886,692. 12,722,017. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 11,350,757. 12,218,907. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration expreparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here BRIAN SCOTT FISHER, EXECUTIVE DIRECTOR Type or print name and title Preparer's name Preparer's signature BDWARD W. DORAN, CPA BDWARD W. DORAN, CPA BDWARD W. DORAN, CPA Firm's name ISDANER & COMPANY, LLC Firm's name ISDANER & COMPANY, LLC Firm's lin 23-6410283 Phone no. (610) 668-4200	ш	"/			
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		.,		Phone no. (6)	10) 668-4200
	May	the II		1	

Form	990 (2024) BRYN MAWR THEATRE FILM INSTITUTE	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:		
1		TIDDODMED.	
	BRYN MAWR FILM INSTITUTE (BMFI) IS A NONPROFIT, MEMBER-S		
	MOTION PICTURE THEATER AND FILM EDUCATION CENTER LOCATED		R,
	PENNSYLVANIA, IN THE WESTERN SUBURBS OF PHILADELPHIA. BM	FI IS	
	DEDICATED TO PROMOTING SHARED EXPERIENCESCONTINUED ON	SCHEDULE O	197-2-5915-2
2	Did the organization undertake any significant program services during the year which were not listed on the		
~		Vac	X No
		Штез	ZZ NO
	If "Yes," describe these new services on Schedule O.		-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.	o, are total experience, al	
_		1 496	440
4a			
	BMFI ENJOYED A ROBUST 2024, BRINGING WONDERFUL FILM AND		ON
	TO OUR PATRONS, MEMBERS AND SUPPORTERS, AND HOSTING A NU	MBER OF	
	COMMUNITY EVENTS.		
	IN 2024, BMFI EXHIBITED 233 UNIQUE TITLES, INCLUDING 155	SPECIAL	
	PROGRAMS AND REPERTORY TITLES FOR MORE THAN 16,900 ATTEN		
		BMFI PRESENT	
	35 EVENTS IN PARTNERSHIP WITH COMMUNITY GROUPS AND ART O		
	COMMUNITY MEMBERS ENJOYED SPECIAL LIVE TRADITIONS, INCLU		
	INTERACTIVE EVERYBODY SING!: SOUND OF MUSIC. BMFI ALSO H	ELD THE ANNU	AL
	SUMMER FILMMAKING WORKSHOP, IN WHICH 12 HIGH SCHOOL STUD		
	OF, WROTE, SHOT, AND EDITED THEIR OWN ORIGINAL SHORT FIL		
-			
4b	(Code:) (Expenses \$	100 2)
_			
40	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$)
			7
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,408,394.		
17.7		Form	990 (2024)

14461106 794445 17060.0

Form 990 (2024) BRYN MAWR THEATRE FILM INSTITUTE
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)?			
200	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١. ١		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-5		
0	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	ا ۽ ا		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
,	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	-		
0		8		x
0	Schedule D, Part III 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 donor-restricted endowments	9		
	or in 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, VIII, IX, or X,	10	-	4
2.50	as applicable.	1-3	. 1.3	(1)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.		2000	
	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	х	
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	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			5.0755
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	and the state of t			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		5020	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1000000
	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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			-
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			220
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
925200	or for foreign individuals? // "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
5000	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	20000		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
223	complete Schedule G, Part III	19	X	7*
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II	21	000	(2024)
432003	3 12-10-24	Form	990	(2024)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	\Box	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
	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			
52-17	Schedule K. If "No," go to line 25a	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1000		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,		- 1	14.7
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f			
	"Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	_	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30	-	X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α.
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		٠.
^^	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300	_	-
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	-	
	If "Yes," complete Schedule R, Part V, line 2	36	l	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," complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-	$\overline{}$	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	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 1a 23	_	71.5	
	Enter the number of Forms W.CC included on line to Enter O if not conline le)	1.0	
b	and the field of the free modes of the fact of the dephetors	4		100
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	x	85

rai	Statements negarding other the Fillings and Tax Compliance (continued)	_		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
24	filed for the calendar year ending with or within the year covered by this return 2a 57			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the construited have constituted by the constitute of the cons	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		A
49	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
-10	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	44		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	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		A
60	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	oa		A
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		100
	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	
h		7b	X	
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
·	to file Form 8282?	70		x
4	K DV - 11 K - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10		A
•		-		x
	Did the excelestion design the consequence of soft and a significant consequence of the soft and	7e	\vdash	X
,	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	\vdash	
9	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	-	-
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	\vdash	-
0	sponsoring organization have excess business holdings at any time during the year?		- 77	271
0		8	_	
,	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		l	
a	Did the connection appropriate make a distribution to a decrea decrea decrea decrea decrea decrea de consecuencia de consecuen	9a	-	
200		9b	-	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	100		
		-	93	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11		100		100
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			2.1
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	-
	Note: See the instructions for additional information the organization must report on Schedule O.	2. 1	5,	7 - 1
D	Enter the amount of reserves the organization is required to maintain by the states in which the	7118	-	3 1
	organization is licensed to issue qualified health plans 13b	1		13
14	Enter the amount of reserves on hand		-	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\vdash	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15	-	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	10.00	X
	If "Yes," complete Form 4720, Schedule O.	+ 107		3
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1	
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	-	
	If "Yes," complete Form 6069.		000	
432006	12-10-24	Forn	n 990	(2024

Form 990 (2024) BRYN MAWK THEATRE FILM INDITIOES

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.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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	- 7	-	1
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	100	1100	1 3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		13	200
	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, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		2002	
	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:	200	- 14	151
a	The governing body?	8a	X	
h		8b	X	
9	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	00	**	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec		9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		v	
40-	Did the supplication have level about an appropriate of		Yes	X
	Did the organization have local chapters, branches, or affiliates?	10a	_	^
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-2007	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	Х	-
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	177	100	1950
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	Х	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
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	15.70	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	20,50	3	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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	5		
	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	-1,1	
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
14	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100	_	_
_		-		_
17	List the states with which a copy of this Form 990 is required to be filled PA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	only)	availa	DIO
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			
	KRISTIE DUBINSKI - 610-527-4008			
	824 WEST LANCASTER AVENUE, BRYN MAWR, PA 19010			

Form 990 (2024)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)			(0	C)	00.0000		(D)	(E)	(F)
Name and title	Average	14-		Pos	ition	than		Reportable	Reportable	Estimated
	hours per	box	, unle	as pe	rson	is bot	nan	compensation	compensation	amount of
	week (list any hours for related organizations below	stee or director	nstitutional trustee	Officer	ed employee	Highest compensates and expension of the compensates and the compensates and the compensates are the compensate are th	ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SAMUEL R SCOTT	50.00	3	SEI.	8	ē	5.0	Ĭ,			
EXECUTIVE DIRECTOR	30100	x		x		1	ı	173,250.	0.	576
(2) LYN WIESINGER	0.50	-	\vdash	-	\vdash	\vdash	T	2,0,2001		570
CHAIR		1x		x	ı	l		0.	0.	0
(3) CHRISTOPHER CARRY	0.50	-		-	Н	\vdash	Т			-
VICE CHAIR		x		x	ı			0.	0.	0.
(4) MICHAEL W HARRINGTON	0.50	-	\vdash		\vdash	\vdash	\vdash			-
TREASURER		x		x	ı	l		0.	0.	0.
(5) JANE RAUCKHORST CORRIGAN	0.50	-		-						
DIRECTOR		x				l	l	0.	0.	0.
(6) SCOTT FISHER	0.50				Г	Г				
DIRECTOR		1x						0.	0.	0.
(7) HARRY GROOME	0.50									7 2
DIRECTOR		X						0.	0.	0.
(8) MARTHA MORSE	0.50	Г	Г	П	Г	Г	Г	75		
DIRECTOR		X					L	0.	0.	0.
(9) TED PETERS	0.50									
DIRECTOR		X						0.	0.	0.
(10) HONORABLE GENE E.K. PRATTER	0.50					Г	Г			
DIRECTOR		X			L		L	0.	0.	0.
(11) BERNADETTE WHEELER	0.50									
DIRECTOR		X						0.	0.	0.
(12) FAEZE WOODVILLE	0.50									
DIRECTOR		X						0.	0.	0.
(13) JULIET GOODFRIEND	0.50							2007		
FOUNDER/CHAIR EMERITA		X			L			0.	0.	0.
(14) DAVID B PUDLIN	0.50									
DIRECTOR		Х	\vdash	H	-	\vdash	\vdash	0.	0.	0.
		\vdash		-	-	\vdash	\vdash			
				\vdash		\vdash	\vdash			
		L			L					- 000

Form 990 (2024)

	t VII Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average Position (do not check more than one box, unless person is both an							Reportable	Reportable	F	stim	
								nan	compensation	compensation		mou	
		week	-	officer and a direct			x/trus	tee)	from	from related	1	oth	er
		(list any	trustee or director	1		1	1		the	organizations	cor	mper	sation
		hours for	or di		ı	ı	peta		organization	(W-2/1099-MISC/		from	
		related organizations	8 15	trustee			8		(W-2/1099-MISC/	1099-NEC)		_	ation
		below	la la	ional		ploye	troom ss	2	1099-NEC)				lated
		line)	Individual	Institutional	Officer	Kay employee	Highest compen employes	Former			or	yanız	ations
						Г							
_			\vdash	\vdash		\vdash	\vdash				+		
_		-	H	-		⊢	⊢	H			-	_	
_			L	L	L	L	L	L			_		
			1										
			Г		Г	Г	Г						
					\vdash	\vdash	\vdash	\vdash			+		
_			\vdash	H	H	⊢	⊢	-		70.00	╀		
			L	L	L	L	L	L					
		-							-				
			Γ	T	Г	Г	T				T		
1b	Subtotal		_	_	_	_	_	_	173,250.	0.	+		576.
·-	Total from continuation sheets to Part \	II. Section A						•	0.	0.	_		0.
	Total (add lines 1b and 1c)								173,250.	0.	_		576.
2	Total number of individuals (including but compensation from the organization									000 of reportable			1
	compensation from the organization	200 100 10000 1				90						Ye	_
3	Did the organization list any former office	*									13		
	line 1a? If "Yes," complete Schedule J for										3	_	X
4	For any individual listed on line 1a, is the s										.1.	1	10
	and related organizations greater than \$15										4	Z	4
5	Did any person listed on line 1a receive or							elate	ed organization or individ	dual for services	1		
0	rendered to the organization? /f "Yes." co	molete Schedul	e Ji	or si	ıch.	pers	on				5	_	X
_	tion B. Independent Contractors							45		100 000 -6			
1	Complete this table for your five highest of the organization. Report compensation for										ation	rom	
	(A) Name and busines	s address	NT/	ONI	,			\neg	(B) Description of s	ervices	Comp	(C)	tion
_	Traile and Desires	3 400.033	14	OINI		_		+	Description of a		COMP	701100	
_			_	_	_	_							
_			_	_	_		_	-					
2	Total number of independent contractors	fincluding but a	ot lie	mite	dto	tho	ea lie	ted	above) who received m	ore than			_
-	\$100,000 of compensation from the organ	100	JE III	21116			0	eu	above) who received in	u.a.r			
				123							Forr	n 99	0 (2024

		Check if Schedule O contains a response or	note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
_							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		F2 1F4				
통령			53,154.				
P,s		Fundraising events1c			110 8 70 3	27.0	
뜵폌		Related organizations 1d					
S,		Government grants (contributions) 1e	5,000.	2 (0)			Sc 50 .
ξģ	f	All other contributions, gifts, grants, and		5 100			8.1
			.73,322.	1 -0.0			
뉡	g	Noncash contributions included in lines 1a-1f 1g \$	21,869.			7.3	
Q g	h	Total, Add lines 1a-1f		1,631,476.			
			Business Code			6.01	
8	2 a		7 20 20 20 20 2		1,364,884.		
ž.	b	EDUCATION/TUITION	611600	121,556.	121,556.		
Program Service Revenue	0						
e a	d						
54	е						52.0000.0000.0000.0000
ا ځ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,486,440.		Manual St. Desc.	TO THE THE
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)		129,700.			129,700.
- 1	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties					
		Royalties (i) Real	(ii) Personal	N. 101		0.00	
	6 a	Gross rents 6a 39,650.				+ 5° 500	
	b	Less: rental expenses 6b 0 .			100		
		Rental income or (loss) 6c 39,650.			1000		3. 3.
	d	Net rental income or (loss)		39,650.	39,650.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other	100	7. 7. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- 1		assets other than inventory 7a	35,000.	o mana da d	2000	77,3596,02	100
	h	Less: cost or other basis			2.11	1, 21, 19	100
	_	and sales expenses 7b	772.				120
릶		Gain or (loss) 7c	34,228.				100
3		Net gain or (loss)	01/1101	34,228.			34,228.
Other Revenue		Gross income from fundraising events (not		51,2201			54,220.
ğ.	0 8	including \$ of					
ျ		contributions reported on line 1c). See				100	
				100		1 12	
		Part IV, line 18 8a Less: direct expenses 8b				L 2	100 St. 1
		Net income or (loss) from fundraising events	***************************************			-	7 - 1 - 1
	9 a	Gross income from gaming activities. See	45 000		1100	1011110	
- 1		Part IV, line 19 9a	4,150.				
- 1		Less: direct expenses 9b	4,150.	40 050			40 050
		100 00 100 100 100 100 100 100 100 100		40,850.			40,850.
	10 a	Gross sales of inventory, less returns	22 202				
			32,302.		24 7 34		
		* * * * * * * * * * * * * * * * * * * *	.09,368.	000 004	200 024		-
\rightarrow	C	Net income or (loss) from sales of inventory		222,934.	222,934.		
2			Business Code				
Miscellaneous Revenue	11 a						
Bu	b						
8 8 8 8	c						
× m	d	All other revenue					
≝⊓							
Ξ		Total. Add lines 11a-11d		3,585,278.		0.	204,778.

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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, 173,250. trustees, and key employees 69,300. 86,625. 17,325. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,166,529. 868,545. 181,331. 116,653. Pension plan accruals and contributions (include 18,156. 12,709. 3,631. 1,816. section 401(k) and 403(b) employer contributions) Other employee benefits 34,468. 24,128. 3,447. 6,893. 116,273. 81,391. 23,255. 11,627. Payroll taxes Fees for services (nonemployees): a Management 7,799. 7,799. 21,200. 21,200. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 64,329. 45,529 18,800. column (A), amount, list line 11g expenses on Sch O.) 9,275. Advertising and promotion 12,366. 3,091. 12 88,871. 36,887. 31,120. 20,864. Office expenses Information technology 14 Royalties 15 247,295. 192,890. 51,932. 2,473. 16 Occupancy 15,351. 14,583. 768. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Payments to affiliates _____ 21 326,744. 254,861. 68,616. 3,267. Depreciation, depletion, and amortization 52,276. 40,775. 10,978. 523. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 607,903. 607,903. a FILM RENTAL 66,805. b BANK CHARGES 70,321. 3,516. c PRINTING 46,061. 36,431. 2,153. 7,477. 41,655. 41,655. d TICKET FEES 40,391. 37,640. 1,331. 1,420. All other expenses 3,151,238. 2,408,394. 551,668. 191,176. 25 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 fundralsing solicitation. Check here if following SOP 98-2 (ASC 958-720)

			(A) Beginning of year	+	(B) End of year
Т	1	Cash - non-interest-bearing	1,413,926.	1	227,229.
-	2	Savings and temporary cash investments	59,087.	2	391,571
-	3	Pledges and grants receivable, net	106,739.	3	139,080
-	4	Accounts receivable, net	3,628.	4	3,952
-	5	Accounts receivable, net Loans and other receivables from any current or former officer, director,	3,020.	4	3,332
1	٥	trustee, key employee, creator or founder, substantial contributor, or 35%		111	
- 1			2012/2019	5	
- 1	6	Loans and other receivables from other disqualified persons (as defined		3	Various Comment
-1	٠	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
.	7	Notes and loans receivable, net		7	
455615	8	Inventories for sale or use	6,840.	8	6,840
ASS	9	Prepald expenses and deferred charges	37,066.	9	37,066
		Land, buildings, and equipment: cost or other	1 4 4 5 1 1 1 1 1 1 1 1 1		01,000
	.04	basis. Complete Part VI of Schedule D 10a 11,446,747.			
-	h	Less: accumulated depreciation 10b 4,745,055.	6,517,131.	100	6,701,692
	11	Investments - publicly traded securities	0,021,12021	11	0,101,032
-	12	Investments - other securities. See Part IV, line 11	3,702,777.	12	5,175,089
-	13	Investments - program-related. See Part IV, line 11	5/102/1111	13	3/1/3/003
-	14	Intangible assets	39,398.	14	39,398
- 1	15	Other assets. See Part IV, line 11	100.	15	100
- 1	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,886,692.	16	12,722,017
7	17	Accounts payable and accrued expenses	128,484.	17	152,649
- 1	18	Grants payable		18	202/015
- 1	19	Deferred revenue	407,278.	19	350,461
- 1	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
١,	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		- 22	
rapilities		controlled entity or family member of any of these persons		22	
دّ	23	Secured mortgages and notes payable to unrelated third parties	173.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities (including federal income tax, payables to related third			
-	220	parties, and other liabilities not included on lines 17-24). Complete Part X			
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	535,935.	26	503,110
\neg		Organizations that follow FASB ASC 958, check here			
8		and complete lines 27, 28, 32, and 33.			
Ë	27	Net assets without donor restrictions	11,266,945.	27	12,101,002
8	28	Net assets with donor restrictions	83,812.	28	117,905
2		Organizations that do not follow FASB ASC 958, check here			
3		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
20	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	11,350,757.	32	12,218,907
- 1	33	Total liabilities and net assets/fund balances	11,886,692.	33	12,722,017

	990 (2024) BRYN MAWR THEATRE FILM INSTITUTE	04-3	682610	Pag	ge 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A), line 12)	1.1	3,585	: 2'	70
,	Table and Datk at a Control of the C	2	3,151		
2	2	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,350		
5	Net unrealized gains (losses) on investments	5			10.
6	Donated services and use of facilities	6	401	,	10.
7	Investment expenses	7			_
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		3-37		
		10	12,218	3,9	07.
Par	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			53.7	1160
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.	- 3		15 H
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	- 33%	77	172
	separate basis, consolidated basis, or both:		100		150
	Separate basis Consolidated basis Both consolidated and separate basis		100		1
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		117	-	C. 7
	consolidated basis, or both:		179	Section	300_1
	Separate basis X Consolidated basis Both consolidated and separate basis		1.0		200
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compliation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			7.5
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
		VALUE AND THE STREET	Form	990	(2024)

SCHEDULE A

(Form 990)

Department of the Treasury nternal 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

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), 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). 7 X 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a, 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 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). (i) Name of supported (iii) Type of organization (iv) is the organization listed in your governing document? (vi) Amount of other (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2024 BRYN MAWR THEATRE FILM INSTITUTE 04-3682610 Page 2 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.)

Se	ction A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and	(2)	(2) ===:	(0) 2022	(4) 1.01.0	(O) E OE 1	(1) 1000
	membership fees received. (Do not						
	include any "unusual grants.")	781.765.	2768954.	1221638.	1047813.	1631476.	7451646.
2	Tax revenues levied for the organ-						, 10101
-	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	781,765.	2768954.	1221638.	1047813.	1631476.	7451646.
5	하고 있다면 하는 것이 없는 하고 있다면 뭐 하는 것이 없는 것이 되었다면 하다.	702,7031	27003311	1221000.	101/015.	10011701	7451040+
	by each person (other than a	5 1000	2.0		9, 10	1500	
	governmental unit or publicly	1000					
	supported organization) included			S 10 1	100		
	on line 1 that exceeds 2% of the		10 miles	(t) (t) (t)		W 7 7 1	
	amount shown on line 11,					19 00-	
	column (f)	1.50		3 5 10	200 IN. 196	1.0	464,822.
۰	Public support. Subtract line 5 from line 4.						6986824.
	ction B. Total Support						0300024.
_	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(O Total
	Amounts from line 4	781,765.	2768954.	1221638.	1047813.	1631476.	7451646.
	Gross income from interest,	701,703.	2700554.	1221030.	104/013+	10314/01	7431040.
0	dividends, payments received on				0		
	securities loans, rents, royalties,	75,369.	72,766.	90 770	144 562	169,350.	552 917
•	and income from similar sources Net income from unrelated business	13,303.	12,100.	30,770.	144,502.	109,330.	332,017.
ā					12.		
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain	3					
	or loss from the sale of capital		¥0			-	
	assets (Explain in Part VI.) Total support. Add lines 7 through 10		10 10 10 10 10 10 10 10 10 10 10 10 10 1				8004463.
		ata fasa isatuustis		F + /+	CONTRACTOR OF	40 5	,762,645.
12			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,702,043.
13	First 5 years. If the Form 990 is for th		st, secona, tnira, t	ourtn, or fifth tax y	ear as a section 5	01(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2024 (I			aluma (6)		44	97 20 %
						15	87.29 % 91.56 %
	Public support percentage from 2023 a 33 1/3% support test - 2024. If the o						
100							[Per
	stop here. The organization qualifies 33 1/3% support test - 2023. If the						
		THE RESERVE OF THE PARTY OF THE					
47.	and stop here. The organization qual 10% -facts-and-circumstances test			***************************************			
1/1							
	and if the organization meets the fact					•	
	meets the facts-and-circumstances te	- Horaco					
1	10% -facts-and-circumstances test						1U% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	ar did not check a	DUX OFFIINE 13, 168	s, 100, 17a, 01 1/0	, check this box a	808 800 800	(Form 990) 2024

Schedule A (Form 990) 2024 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	ation fails to
qualify under the tests listed below, places complete Dort II \	

Se	ction A. Public Support	, p	order tare my				
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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				1		
	Add lines 7a and 7b						
	Public support. (Subtract line 7¢ from line 8.)	44	3-52	57.7			
	ction B. Total Support						
_	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(e) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	127	10,202	107202	14,2000	15/255	177.55.55
	Gross income from interest.						
	dividends, payments received on		1				
	securities loans, rents, royalties,						
-	and income from similar sources						
					1		1
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
	Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included on line 10b,		1	1	1	1	
	whether or not the business is		1		1	1	
	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.)		Larence allege	J			4 - 100 Local - 100 per Lo
14	First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section !	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2024 (lin	ne 8, column (f), o	divided by line 13,	column (f))		15	96
16	Public support percentage from 2023 \$	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Invest	ment Income	e Percentage				
17	Investment income percentage for 202	24 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	96
	a 33 1/3% support tests - 2024. If the o					33 1/3%, and line 1	
	more than 33 1/3%, check this box and	•					
1	33 1/3% support tests - 2023. If the						and
	line 18 is not more than 33 1/3%, chec	- T			7.0		
20	Private foundation. If the organization					C-11200000000000000000000000000000000000	H
	23 01-14-25		111	and a second			A (Form 990) 2024

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "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.
- 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? |f "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?
- 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.)

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10 12	or of all
3.4	1100
15	11.3
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70 10	
-	_
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_	_
-	11/50
	-
1	7
-	

432024 01-14-25

Schedule A (Form 990)

492025 01-14-25 14461106 794445 17060.0

these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	, 4,90
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections 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	100	electric de la companya de la compan	POSTONO INC.
	instructions for short tax year or assets held for part of year):	95.3		
а	Average monthly value of securities	1a		become a second
	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		
e	Discount claimed for blockage or other factors			1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	Same Same	
2	Enter 0.85 of line 1.	2	TOWNS OF LETT.	
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	or fall paid of the Text	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	And the state of the state of	
7	Check here if the current year is the organization's first as a non-functions	lly integrate	d Type III supporting orga	anization (see
	instructions)			1

Schedule A (Form 990) 2024

Current Year

Excess distributions carryover to 2025. Add lines 3j

		2	
of supported organizations		3	
		4	
ride details in Part VI)		5	
		6	
		7	
organization is responsive			
		8	
		9	
to.	£115	10	4003
(i) Excess Distributions	(ii) Underdistribut Pre-2024	tions	(iii) Distributable Amount for 2024
	23, 3, 1		
	1.1.2		
		-	
		-	
		-	
		-	
		_	
process and the second			
		4	
	104 ()4 (
		- 1	
		1	

Schedule A (Form 990) 2024

and 4c.

8

Breakdown of line 7:

a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 Excess from 2024

SCHEDULE D

Supplemental Financial Statements

(Form 990) (Rev. December 2024) Department of the Treasury 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.

OMB No. 1545-0047

Open to Public

Interna	Revenue Service	Go to www.irs.gov/Form990) for instructions and the latest information.		Inspection	
Nam	e of the organization	BRYN MAWR THEATRE F		0.	identification nur 4-3682610	nber
Par	t I Organizat	ions Maintaining Donor Advised	f Funds or Other Similar Funds or A	ccounts.	Complete if the	
	organization	answered "Yes" on Form 990, Part IV, line	e 6.			
			(a) Donor advised funds	(b) Funds and	other accounts	
1		of year				
2	Aggregate value of	contributions to (during year)				
3		grants from (during year)				
4		end of year				
5			vriting that the assets held in donor advised fu			_
			exclusive legal control?		Yes _	_ No
6			dvisors in writing that grant funds can be used			
			donor advisor, or for any other purpose confe			7
Par	t II Conserva	tion Essements Complete if the see	anization answered "Yes" on Form 990, Part I	V F 7	Yes	No
$\overline{}$				V, line 7.		
1		rvation easements held by the organization of land for public use (for example, recreat		todosli, impou	lant land avec	
		natural habitat	ion or education) Preservation of a his			
	Preservation of		Preservation of a ce	runea matoric s	in acture	
2		[18] [18] [18] [18] [18] [18] [18] [18]	ed conservation contribution in the form of a c	onservation ea	sement on the les	et
-	day of the tax year.	noogi zo n ole olganization noo a quant	od donoci vatori donano don in tro form of a c		t the End of the Tax	
а	Total number of con	servation easements		2a		
b						
c			cture included on line 2a			
d		ation easements included on line 2c acqui				
	on a historic structu	re listed in the National Register		2d		
3			eased, extinguished, or terminated by the orga		the tax	
	year					
4	Number of states w	here property subject to conservation eas	ement is located			
5	Does the organization	on have a written policy regarding the peri	odic monitoring, inspection, handling of			
		rcement of the conservation easements it	***************************************		Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservat	tion easements	during the year	
5527						
7	Amount of expense	s incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	easements duri	ng the year	
8			satisfy the requirements of section 170(h)(4)(B		п., г	٦
					Yes	_ No
9			on easements in its revenue and expense state ote to the organization's financial statements t			
	7.0	unting for conservation easements.	ote to the organization's financial statements t	nat describes	ine	
Par	rt III Organizat	tions Maintaining Collections of	Art, Historical Treasures, or Other	Similar Ass	ets.	
		the organization answered "Yes" on Form	이 아들이 하는 사람이 나를 하는 것이 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.			
1a			8, not to report in its revenue statement and be	alance sheet w	orks	
			lic exhibition, education, or research in further			
			cial statements that describes these items.			
b			B, to report in its revenue statement and balan	ce sheet works	of	
	art, historical treasu	res, or other similar assets held for public	exhibition, education, or research in furtheran	ce of public se	rvice,	
		g amounts relating to these items.			-	
	(i) Revenue include	ed on Form 990, Part VIII, line 1		\$		
2	If the organization re		sures, or other similar assets for financial gain			G-3/25
		nts required to be reported under FASB As				
				\$		
				\$	The state of the s	

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

Schedule D (Form 990) (Rev. 12-2024)

Sche	dule D (Form 990) (Rev. 12-2024) BRYN M	AWR THEATRE	FILM INST	TITUTE		04-3	<u>682610</u>	Page 2
	t III Organizations Maintaining C						married and property of the second	ued)
3	Using the organization's acquisition, accessi-	on, and other records	, check any of the f	ollowing that make	signific	ant use of its	3	
	collection items (check all that apply).							
a	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	e	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt po	urpose in Pa	rt XIII.	
5	During the year, did the organization solicit of	r receive donations of	f art, historical treas	ures, or other simil	ar asset	s		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		e if the organization	answered "Yes" o	n Form	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets no	ot includ	ded		
	on Form 990, Part X?		-				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:	***************************************	**********			
					Г	T	Amount	
c	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	orm 990. Part X. line :	21. for escrow or cu	stodial account lial			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.							Π
Par			NAME AND ADDRESS OF THE OWNER, TH	AND REAL PROPERTY AND REAL PRO				
		(a) Current year		(c) Two years back	-	ree years bac	k (e) Four	years back
1a	Beginning of year balance	3,702,778.	3,216,578.	3,712,624		2,429,709	. 1.	574,069.
h	Contributions	922,689.	27,288.	14,594	_	914,532		577,096.
	Net investment earnings, gains, and losses	549,623.	458,912.	-510,640	_	368,383		278,544.
4	Grants or scholarships				+		+	,,
	Other expenditures for facilities				+			
	and programs							
	Administrative expenses				_		_	
		5,175,090.	3,702,778.	3,216,578	1	3,712,624	2	429,709.
9	End of year balance Provide the estimated percentage of the curr				•	3,712,024		423,703.
2	Board designated or quasi-endowment		(line 1g, column (a)) neid as:				
a			_76					
D	Permanent endowment	% %						
c		•		*				
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	administered for	the		г	V N-
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	t VI Land, Buildings, and Equipm							
_	Complete if the organization answere				X, line 1	0.		
	Description of property	(a) Cost or of			Accum	123502000000	(d) Book	k value
		basis (investm	,		deprecia	ation		
1a	Land			9,375.		No. of		9,375.
b	Buildings		9,75	7,612. 3	,996	,866.	5,760	0,746.
c	Leasehold improvements			14.1				
	Equipment		1,22	9,760.	748	,189.	483	1,571.
	Other		negosyk om enga					
	. Add lines 1a through 1e. (Column (d) must e		K line 10c column	(B))			6,703	1,692.

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 990, Part IV. line 1	1b. See Form 990, Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A) VANGUARD	5,175,089.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		1 31.0 2 2 2 2 2 2	
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	5,175,089.	4. C. Farra COO Dad V Fra 40	and the same of the same
Complete if the organization answered "Yes" o (a) Description of investment			Lof was market value
	(b) Book value	(c) Method of valuation; Cost or end	ror-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets Complete if the organization answered "Yes" or		1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
Complete if the organization answered "Yes" of (a) Description of liability	ar rollinggo, Part IV, line 1	16 or 111. See Porti 990, Part X, IIN6 25	(b) Book value
			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. line 25, col.	(B))		

Schedule D (Form 990) (Rev. 12-2024)

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			(5)5553	
1	Total revenue, gains, and other support per audited financial statements			1	4,128,756.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		P002902: 329021003		
а	Net unrealized gains (losses) on investments	2a	434,110.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d		2d	109,368.	4.	
e	Add lines 2a through 2d			2e	543,478.
3	Subtract line 2e from line 1			3	3,585,278.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			400	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		7.7	
	Other (Describe in Part XIII.)	4b		20	
c	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	3,585,278.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With	Expenses per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				2 260 606
1	Total expenses and losses per audited financial statements			1	3,260,606.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1		3.04	
а	Donated services and use of facilities	2a		à d	
b	Prior year adjustments	2b		3.55	
c	Other losses	2c		130	
d		2d	109,368.		
e	Add lines 2a through 2d			2e	109,368.
3	Subtract line 2e from line 1			3	3,151,238.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			100	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,151,238.
-	rt XIII Supplemental Information		~		
Provi	de 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)	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal inforn	nation.		
	RT X, LINE 2:				
	INSTITUTE IS A PUBLIC CHARITY THAT HAS OBT		Annual State of the Control of the C		
	DERAL INCOME TAXES UNDER SECTION 501(C)(3) O				
ACC	CORDINGLY, NO PROVISION HAS BEEN MADE FOR FE	DERAI	OR STATE	INC	OME TAXES.
	INSTITUTE, HOWEVER, IS SUBJECT TO FEDERAL				RELATED
	SINESS TAXABLE INCOME. PURSUANT TO FASB ACCO				
	DIFICATION TOPIC 740, THE INSTITUTE RECOGNIZ				
	MORE LIKELY THAN NOT THAT A TAX POSITION WI				
	AMINATION. NO LIABILITY FOR UNCERTAIN TAX PO	SITIC	ONS WAS REC	ORDI	ED AS OF
DEC	CEMBER 31, 2024 OR 2023.				
	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
COS	ST OF GOODS SOLD				109,368.
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
FII	LM EXPENSES				
	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
COS	ST OF GOODS SOLD				109,368.
	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
FII	LM EXPENSES				

hedule D (Form 990) (Rev. 12-2024) BRIN MAWK THEATRE FILM INSTITUTE	U4-3682610 Page
art XIII Supplemental Information (continued)	

SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization						Employer idea	ntification number
BRYN MA	WR THEATRE FILM IN:	STIT	UTE	3		04-3682	610
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" on	Form 990, Part IV, I	ne 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursur	tion of tion of fundra (includ	nongo governising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribu	trol of	(iv) Gross receipts from activity	- 30	Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			200				
						-	
Tatal							
List all states in which the organization or licensing.	on is registered or licensed to solicit of			or has been notified	it is	exempt from re	gistration
or ilcensing.							
					_		

LHA 432081 01-14-25

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

Schedule G (Form 990) (Rev. 12-2024)

				(add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
Gross receipts				
Lass Castillations				
Less: Contributions				
Gross income (line 1 minus line 2)				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Food and beverages				
		900 Part IV line 10 or	rangeted more than	
	answered res on rollin	1550, Fart IV, III 19 15, 01	reported more trian	
Cropod diri dini dad EE, mid da.		(b) Pull tabs/instant	T	(d) Total gaming (add
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
Gross revenue			45,000.	45,000
Cash prizes				
Name and Asiana			4 150	4,150
Noncash prizes			4,150.	4,150
Rent/facility costs				
Other direct expenses				
	Yes%			
Volunteer labor	L No	No No	X No	
Direct expense summary. Add lines 2 through	n 5 in column (d)			4,150
Not coming in community Subtract fire 3	/ from Erro 1 - olomo / d)			40,850
Net gaming income summary. Subtract line /	from line 1, column (d)	***************************************		40,030
er the state(s) in which the organization condu	icte gaming activities. P	Σ		
				Yes X N
		J		103
re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes X N
			51	
	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from II III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization conduct of the organization licensed to conduct gaming are no, " explain: re any of the organization's gaming licenses re	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expenses summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Cash prizes Noncash prizes Noncash prizes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) er the state(s) in which the organization conducts gaming activities: Phe organization licensed to conduct gaming activities in each of these reany of the organization's gaming licenses revoked, suspended, or terfes," explain: The any of the organization's gaming licenses revoked, suspended, or terfes," explain: The any of the organization's gaming licenses revoked, suspended, or terfes," explain:	Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses summary. Add lines 4 through 9 in column (d) Not income summary. Subtract line 10 from line 3, column (d) S15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Universed to the companization of the column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Per the state(s) in which the organization conducts gaming activities: PA The organization licensed to conduct gaming activities in each of these states? No," explain: The application is gaming licenses revoked, suspended, or terminated during the tax yes," explain: The application is gaming licenses revoked, suspended, or terminated during the tax yes," explain: The application is gaming licenses revoked, suspended, or terminated during the tax yes," explain: The application is gaming licenses revoked, suspended, or terminated during the tax yes," explain: The application is gaming licenses revoked, suspended, or terminated during the tax yes," explain:	Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Not income summary. Subtract line 10 from line 3, column (d) S15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming Gross revenue 45,000. Cash prizes Noncash prizes Noncash prizes Volunteer labor Other direct expenses Uyes % Yes % Yes % No N

ocne	dule G (Form 990) (Rev. 12-2024) BRYN MAWR THEATRE FILM INSTITUTE 04-3682610 Page 3
	Ooes the organization conduct gaming activities with nonmembers?
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
3	o administer charitable gaming?
13	ndicate the percentage of gaming activity conducted in:
a	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
ь	f "Yes," enter the amount of gaming revenue received by the organization \$ and the amount
	of gaming revenue retained by the third party \$
	f "Yes," enter the name and address of the third party:
	Name
	Address
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	s the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
	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 \$
Par	
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
_	
_	
_	
	,

Schedule G	(Form 990)		BRYN	MAWR	THEATRE	FILM	INSTITUTE		04-3682610	Page 4
Part IV	Supplen	nental Info	rmation	(continue	d)		INSTITUTE			
		-								
Larrier T.	U 5,7 8 () 5 8 8 7 2 () 00 0									
1.00										
							<u> </u>			
							ACTUAL CONTRACTOR OF STREET			
						NA			5 1 5 2 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
					A 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
				*						
		The state of the s			100 00 00 00			The second		
) - III							Interesting - 1 Interesting	

SCHEDULE J (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I | Questions Regarding Compensation

BRYN MAWR THEATRE FILM INSTITUTE

Employer identification number 04-3682610

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		.,001.000	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	1 (8)		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		V. 3	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	y -		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-	1,6	4.1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				11.
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1		100
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			100
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract		ľ	1
	Independent compensation consultant Compensation survey or study		- 2	
	Form 990 of other organizations X Approval by the board or compensation committee			79
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	100		
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	- 2		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			39.3
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			-
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			1
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			100.0
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	_	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		-	
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) (Rev. 12-2024)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that eren't listed on Form 990, Part VII.

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

	(B) Breakdown of W	2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B)		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SAMUEL R SCOTT	(0)	173,250.	0.	0.	0.	576.	173,826.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(0)								
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	(0)								
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Schedule J (Form 990) (Rev. 12-2024)

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Schedule J (Form 990) (Rev. 12-2024) BRYN MAWR THEATRE FILM INSTITUTE	04-3682610	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also co	implete this part for any additional information	on.
		-
	Schedule J (Form 990) (I	Rev. 12-2024

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

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.

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

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: ITS DEBUT ON BMFI'S BIG SCREEN IN DECEMBER. BMFI HOLDS MONTHLY OPEN SCREEN MONDAYS FOR FILMMAKERS TO SCREEN WORKS-IN-PROGRESS ON THE BIG SCREEN AND TO ENGAGE IN PEER CRITIQUES FREE OF CHARGE, SERVING SOME 300 FILMMAKERS EACH YEAR. BMFI OFFERED 40 DISTINCT FILM STUDIES CLASSES DURING WHICH 1,800 ADULTS GATHERED IN PERSON TO LEARN ABOUT, WATCH, AND DISCUSS STANDOUT WORKS FROM AROUND THE WORLD. IN ADDITION, BMFI'S SEE FILM THIRD-GRADE VISUAL LITERACY PROGRAM WAS CONDUCTED FOR 651 STUDENTS IN 33 CLASSES FROM 10 SCHOOLS IN THREE SCHOOL DISTRICTS. IN TOTAL, BMFI PROVIDED PROGRAMS FOR 116,325 ON-SITE PATRONS, STUDENTS AND FILMMAKERS. OVER THE COURSE OF THE YEAR, 6,015 PEOPLE WERE ACTIVE BMFI MEMBERS AND 290 PEOPLE MADE FINANCIAL CONTRIBUTIONS TO BMFI.

FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR OF THE ORGANIZATION AND THE FINANCE 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 REVIEWS FOR ALL EMPLOYEES, INCLUDING EXECUTIVE DIRECTOR, REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND SUBSTANTIATION OF DECISION.

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

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

Schedule O (Form 990) (Rev. 12-2024)