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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or th	ne 2019 d	alendar year, or tax year begin	ning 07/01, 201	9, and endin	g		06	5/30 ,20 ₂	0			
B c	heck if ap		Name of organization BOWDOIN COLLEGE				D Employer id	entifi	cation number	,			
	Addre		Doing Business As				01-0215	521	3				
	chang		Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite		E Telephone n						
	+	change	5400 COLLEGE STATION		Ttoom, out to		(207) 721-5078						
	+	l return	City or town, state or province, country, a	and ZIP or foreign postal code			(207) 72		0070				
	Termi		BRUNSWICK, ME 04011-84	- ·			G Gross receip	te ¢	756 33	30,000.			
	returr Applio		Name and address of principal officer:	CLAYTON ROSE			H(a) Is this a grow						
	pendi	ing	5400 COLLEGE STATION,		8445		subordinates H(b) Are all subord	?	⊢ '`	\vdash			
_	Tay-ey	empt status) (insert no.) 4947(a)(1		7	1		st. (see instruction				
<u>'</u>			WW.BOWDOIN.EDU) ((insert no.) 4947(a)(1) 01 32	<i>'</i>	H(c) Group exem			5)			
_				Association Other	I Vear of	f format	tion: 1794 M			cile: ME			
	art I	Sumn		Association Other	L Teal of	Tomia	11011. 1771	Otate	or legal dolling	<u></u>			
			escribe the organization's mission or	most significant activities: FOLIR-	YEAR PRI	VATE	! IINDERGRA	DIIA	TF.				
ø			AL ARTS COLLEGE. SEE S										
anc													
Governance	2	Check th	nis box ▶ if the organization di	scontinued its operations or dispos	ed of more that	n 25%	of its net asset	 s					
8	3		of voting members of the governing	•				3		41.			
	4		of independent voting members of the					4		39.			
ties	5		mber of individuals employed in cale					5		3,173.			
Activities &	6		mber of volunteers (estimate if necess					6		2,284.			
Ac			related business revenue from Part VI	**				7a	-6,2	33,000.			
	1		lated business taxable income from I					7b		0			
				·			Prior Year		Curren	t Year			
ø.	8	Contribu	tions and grants (Part VIII, line 1h)				46,950,00	0.0	71,3	78,000.			
Revenue	9		service revenue (Part VIII, line 2g)	00	PY FOR	1	L28,859,00	0.0	126,2	88,000.			
eve	10		ent income (Part VIII, column (A), line		INSPECTION	1	L05,809,00	00.	126,8	44,000.			
œ	11		venue (Part VIII, column (A), lines 5,				1,407,00	00.	4	57,000			
	12		enue - add lines 8 through 11 (must			2	283,025,00	00.	324,9	67,000.			
	13	Grants a	nd similar amounts paid (Part IX, colu	ımn (A), lines 1-3)			45,386,00	00.	48,4	70,000.			
	14	Benefits	paid to or for members (Part IX, colu	mn (A), line 4)				0.		0			
S	15		other compensation, employee bene			1	L12,728,00		114,6	16,000.			
Expenses	16a	Profession	onal fundraising fees (Part IX, column	(A), line 11e)			241,00	00.	1	.72,000			
ă	b	Total fun	draising expenses (Part IX, column (I	D), line 25) ▶ 8 , 431 , 00	0.								
ш	17		penses (Part IX, column (A), lines 11				75,221,00			72,000.			
	18	Total exp	penses. Add lines 13-17 (must equal	Part IX, column (A), line 25)		2	233,576,00	_		30,000.			
	19	Revenue	less expenses. Subtract line 18 from	line 12			49,449,00	00.	91,4	37,000.			
s or							nning of Current		End of				
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)				380,634,00		2,358,1				
nd B	21	Total liab	oilities (Part X, line 26)				160,724,00			13,000.			
			ets or fund balances. Subtract line 21	from line 20		1,9	919,910,00	0.	1,981,5	<u>36,000</u> .			
	rt II		ature Block										
Un	der per e, corre	nalties of p ect, and cor	erjury, I declare that I have examined thi mplete. Declaration of preparer (other than	s return, including accompanying sche officer) is based on all information of wl	dules and staten nich preparer ha	nents, a s any ki	and to the best of nowledge.	f my	knowledge and	d belief, it is			
		1.				-	Ī						
Sig	ın	- Cia	nature of officer				Date						
He		' "	•	CLID I	17373700		Date						
		_	ATTHEW ORLANDO	SVP F	TINANCE								
			pe or print name and title	Preparer's signature	Date			1	PTIN				
Paid	t	1		T		0.1	Check	J "'		0.0			
	parer	TARA	D'AGOSTINO	1 Agosta	5/7/	Z	self-employ		P012454	<u>54</u>			
Use	Only						2		-5565207	20			
N/ a:	, th = !!		dress 200 EAST RANDOLPH ST, ST				Phone no.	512	2-665-100	$\overline{}$			
			ss this return with the preparer shown duction Act Notice, see the separate	, , , , , , , , , , , , , , , , , , , ,		<u> </u>			. X Yes	No (2019)			
LOL	гаре	ı wuik Ke	auction Act Notice, see the separat	C 1113U UCUUIIS.					rorm 3	/ JU (2019)			

BOWDOIN COLLEGE Form 990 (2019)

For	m 990 (2019) Page 2								
Pa	Statement of Program Service Accomplishments								
_	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission: *SEE SCHEDULE O*								
	SEE SCREDULE O								
2	Did the organization undertake any significant program services during the year which were not listed on the								
	prior Form 990 or 990-EZ?								
	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 others, the total expenses, and revenue, if any, for each program service reported.								
	the total expenses, and revenue, if any, for each program service reported.								
40	(Code:) (Expenses \$ 192,415,000. including grants of \$ 48,470,000.) (Revenue \$ 126,756,000.)								
4a	THE ON-CAMPUS STUDENT BODY NUMBERS APPROXIMATELY 1,800. AN								
	ESTIMATED 161 STUDENTS STUDY AWAY ANNUALLY; 95% COMPLETE THE								
	DEGREE WITHIN FIVE YEARS; THE STUDENT/FACULTY RATIO IS 9:1; 100%								
	OF FACULTY HAS A PH.D. OR EQUIVALENT. AS OF JUNE 2020, 41,445								
	STUDENTS HAVE MATRICULATED AT BOWDOIN COLLEGE, AND 33,041 DEGREES								
	IN ACADEMIC PROGRAMS HAVE BEEN AWARDED.								
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants of \$) (Revenue \$)								
40	Total program service expenses • 192, 415, 000.								

JSA 9E1020 2.000 8835BZ 1592 Form **990** (2019) 2656406 PAGE 2 Part IV Checklist of Required Schedules Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
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 during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
-	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	"		
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	l		3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	X	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
12 a	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any 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		37	
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7	v	
10	Part IX, 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 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	23	
13	If "Yes," complete Schedule G, Part III	19		Х
20 a	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			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form **990** (2019) PAGE 3

JSA 9E1021 2.000 8835BZ 1592 2656406 Form 990 (2019)

Part IV Checklist of Required Schedules (continued) Page 4

rari	Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other againtance to or for demostic individuals on		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	Х	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		v
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	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	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	Х	
21	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Part	19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
rellu	Check if Schedule O contains a response or note to any line in this Part V			
	One of it of the drift of the second time of the second of		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 577			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	х	
SA E 1030		Form	990	(2019)

Form 990 (2019) Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,173			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
	If "Yes," enter the name of the foreign country ▶ <u>UNITED KINGDOM</u>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
Ø	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	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	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	X	
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Х	
	If "Yes," complete Form 4720, Schedule O.			

BOWDOIN COLLEGE Form 990 (2019) 01-0215213 Page 6

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 instructi	ions.
Chack if Schedule O.co.	ntains a resnor	nse or note to any line in this F	Part \/I				y

Sect	ion A. Governing Body and Management					
3601	ion A. Governing body and management				Yes	No
4.		1a	41			
та	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	ıα				
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.	1b	39			
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel		-	2		Х
_	any other officer, director, trustee, or key employee?					-
3	Did the organization delegate control over management duties customarily performed by or ur			3		Х
	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		X
5	Did the organization become aware during the year of a significant diversion of the organization's a			6		X
6	Did the organization have members or stockholders?			-		
7a	Did the organization have members, stockholders, or other persons who had the power to el			7a		Х
	one or more members of the governing body?			1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval			76		Х
_	stockholders, or persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			0.0	Х	
a	The governing body?			8a 8b	X	-
b	Each committee with authority to act on behalf of the governing body?			OD	- 21	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte)	
OCOL	on B. I didies (This decision B requests information about policies het requires by the line	iiiai i	tovonao	Oodo	·/ Yes	No
100	Did the organization have local chanters branches or affiliates?			10a		Х
	Did the organization have local chapters, branches, or affiliates?			···		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures governing the activities of a		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiig tiit	FIOITI:			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests to					
-	rise to conflicts?		•	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
•	describe in 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 an					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc		a ())			
46			,	c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing document financial statements and library and the statements are library and the statements.	nents,	conflict o	ıntei	est p	olicy,
20	and financial statements available to the public during the tax year.	socie-	and recent	. •		
20	State the name, address, and telephone number of the person who possesses the organization's kneeded corey 5400 college station brunswick, ME 04011-8445 (207)721-5078	OUKS	and record	S >		

JSA Form **990** (2019)

9E1042 2.000

Form 990 (2019) BOWDOIN COLLEGE 01-0215213 Page **7**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) PAULA VOLENT	40.00									
SVP/CHIEF INVESTMENT OFFICER	0.				Х			4,170,808.	0.	65,495.
(2) CLAYTON ROSE	40.00									
PRESIDENT	0.	Х		Х				499,347.	0.	94,849.
(3) CHRIS PICCIONE	40.00									
ENDOWMENT CHIEF OPS OFFICER	0.					Х		501,321.	0.	14,251.
(4) SCOTT MEIKLEJOHN	40.00									
SVP FOR DVT & ALUMNI RELATIONS	0.				Х			364,518.	0.	60,010.
(5) MATTHEW ORLANDO	40.00									
SVP FINANCE & ADMIN/TREASURER	0.			Х				352,845.	0.	59,679.
(6) ELIZABETH MCCORMACK	40.00									
SVP/DEAN FOR ACADEMIC AFFAIRS	0.				Х			306,768.	0.	55,962.
(7) JOHN HOLT	40.00									
FACULTY	0.					Х		316,527.	0.	23,027.
(8) MICHAEL ARCHIBALD	40.00									
ASSOC VP DVT & ALUMNI RELATNS	0.					Х		270,260.	0.	62,065.
(9) MICHAEL CATO	40.00									
SVP/CHIEF INFORMATION OFFICER	0.				Х			269,571.	0.	58,652.
(10) JENNIFER SCANLON	40.00									
FMR INTERIM DEAN ACAD. AFFAIRS	0.						Х	238,786.	0.	77,629.
(11) MICHAEL REED	40.00									
SVP FOR INCLUSION & DIVERSITY	0.				Х			261,940.	0.	40,481.
(12) E. WHITNEY SOULE	40.00									
SVP/DEAN ADMISSIONS & ST. AID	0.				Х			245,342.	0.	55,524.
(13) SCOTT HOOD	40.00									
SVP FOR COMM & PUBLIC AFFAIRS	0.				Х			239,854.	0.	48,809.
(14) ALLEN WELLS	40.00									
FACULTY	0.					Х		263,932.	0.	22,908.

Form 990 (2019)

9E1041 2.000

JSA

Form 990 (2019) Page **8**

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ated Employees (continued)					
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles	Pos heck ss pe	erson	e than of is both tor/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
	organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations				
15) PATSY DICKINSON	40.00													
FACULTY	0.					X		220,854	0.	43,751				
16) JANET LOHMANN SVP/DEAN FOR STUDENT AFFAIRS	40.00				Х			196,584	0.	58,303				
17) TIMOTHY FOSTER FMR DEAN OF STUDENT AFFAIRS	40.00						Х	144,994	0.	37,393				
18) ROBERT F. WHITE CHAIR	8.00	Х		Х				0	0.	C				
19) PAULA M. WARDYNSKI VICE CHAIR	8.00	Х		Х				0	0.	C				
20) JENNIFER GOLDSMITH ADAMS TRUSTEE	4.00	Х						0	0.	(
21) TEJUS AJMERA TRUSTEE	4.00	Х						0	0.	C				
22) SYDNEY ASBURY TRUSTEE	4.00	X						0	0.	(
23) PETER J. BERNARD TRUSTEE	4.00	Х						0	0.	(
24) ARTHUR E. BLACK TRUSTEE	4.00	Х						0	0.	(
25) RONALD C. BRADY TRUSTEE	4.00	Х						0	. 0.	(
-	0.	Λ					Ļ	8,864,251.	0.	878,788.				
1b Sub-total								0,001,231.	0.	0,70,700.				
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							>	8,864,251.	0.	878,788.				
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose	liste				o re	eceived more than	\$100,000 of					
3 Did the organization list any former office	cer, directo	or, or	tru							Yes No				
 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations grindividual. 	sum of represented	oortab \$15	ole o	com	per	nsatio	n aı	nd other compens	sation from the le <i>J</i> for such	3 X 4 X				
5 Did any person listed on line 1a receive or														

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 67

for services rendered to the organization? If "Yes," complete Schedule J for such person

Form 990 (2019) Page **8**

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

(A)	(B)			(((د)			(υ)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	neck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	а	Estimated amount of other mpensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	from the rganization and related ganization	on d
26) DAVID G. BROWN	4.00											
TRUSTEE	0.	X						0 .	0.			0
27) ELLEN L. P. CHAN	4.00											
TRUSTEE	0.	X						0 .	0.			0
28) LEONARD W. COTTON	4.00											
TRUSTEE	0.	X						0 .	0.			0
29) MICHELE G. CYR	4.00											
TRUSTEE	0.	X						0 .	0.			0
30) JEFF D. EMERSON	4.00											
TRUSTEE	0.	X						0 .	0.			0
31) JOHN F. FISH	4.00											
TRUSTEE	0.	X						0 .	0.			0
32) ROBERT T. FRIEDMAN	4.00											
TRUSTEE	0.	X						0 .	0.			0
33) BERTRAND GARCIA-MORENO	4.00											
TRUSTEE	0.	X						0 .	0.			0
34) STEPHEN F. GORMLEY TRUSTEE	$\frac{4.00}{0.}$	Х						0 .	0.			0
35) SHELLEY A. HEARNE	4.00											
TRUSTEE	0.	X						0 .	0.			0
36) BRADFORD A. HUNTER	4.00											
TRUSTEE	0.	X						0 .	0.			0
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-						> > >	0.	0.			0.
Total number of individuals (including but not reportable compensation from the organization)		nose 197		d al	bov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	r, or ch ind	tru <i>ividi</i>	ıste ual	е,	key e	emp	oloyee, or highes	t compensated	3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2019)

Part VII

Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	Average Position Repo		Reportable compensation	Reportable compensation from		(F) stimated nount of					
	week (list any	box,	unless	pers	on is b	oth an	from	related		other	
	hours for related organizations below dotted line)	Individual trustee or director			employee Key employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation the anization direlated anization	n d
37) TASHA VANDERLINDE IRVING	4.00					_					
TRUSTEE	0.	Х					0	0.			0.
38) ANN HAMBELTON KENYON	4.00										
TRUSTEE	0.	Х					0	. 0.			0.
39) GREGORY E. KERR	4.00										
TRUSTEE	0.	Х					0	. 0.			0 .
40) GEORGE A. KHALDUN	4.00										
TRUSTEE	0.	Х					0	. 0.			0
41) JOSEPH V. MCDEVITT, JR.	4.00										
TRUSTEE	0.	Х					0	. 0.			0 .
42) JOHN F. MCQUILLAN, JR.	4.00										
TRUSTEE	0.	Х					0	0.			0.
43) HENRY T. A. MONIZ	4.00										
TRUSTEE	0.	Х					0	0.			0.
44) DAVID A. MORALES	4.00										
TRUSTEE	0.	Х					0	0.			0.
45) SCOTT B. PERPER	4.00										
TRUSTEE	0.	Х					0	0.			0 .
46) JANE L. PINCHIN	4.00										
TRUSTEE	0.	Х					0	0.			0.
47) MARY HOGAN PREUSSE	4.00										
TRUSTEE	0.	Х					0	0.			0 .
1b Sub-total	•	•					0.	0.			0.
c Total from continuation sheets to Part VII,	Section A			•		>					
d Total (add lines 1b and 1c)						•					
2 Total number of individuals (including but no						vho re	eceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨	19	7								
										Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schel									3	X	
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,00	0?	If "	Yes,"	complete Schedu	le J for such	_	7	
individual									4	X	
5 Did any person listed on line 1a receive o											37
for services rendered to the organization? If "	Yes," comple	te Sci	hedul	e J f	or su	ch pei	rson		5		X
Section B. Independent Contractors								.,			
1 Complete this table for your five highest cor	npensated i	ndepe	ender	nt co	ontrad	ctors 1	that received more	e than \$100,000 o	t		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2019)

Part VII

Form 990 (2019) Page **8**

Name and title Antigorn Continue Companies Co	Part VII Section A. Officers, Directors, (A)	(B)			(C)			(D)	(E)		(F)	
TRUSTEE		Average hours per week (list any hours for related organizations below dotted	box,	not che unless er and	Position Pos	on ore than on is botl ector/trus	n an stee)	Reportable compensation from the organization	Reportable compensation from related organizations	com fr org and	stimated nount of other pensation om the anizatio d related	f on n d
JOAN BENOIT SAMUELSON	8) ALISON E. RUNDLETT	4.00										
TRUSTEE			X					0	0.			
PHILIP W. SCHILLER		+										
TRUSTEE			X					0	0.			
TRUSTEE 0. X 0. 0. TRUST		+	v									
TRUSTEE			Λ			+		0	. 0.			
2) DIANA L. SPAGNUOLO TRUSTEE 0. X 0. 0. 0. 3) JAMES E. STALEY TRUSTEE 0. X 0. 0. 0. 4.00 TRUSTEE 0. X 0. 0. 0. 4.00 TRUSTEE 0. X 0. 0. 0. 5) JOHN K. L. THORNDIKE 4.00 TRUSTEE 0. X 0. 0. 0. 6) DAVID P. WHEELER 4.00 TRUSTEE 0. X 0. 0. 0. 7) MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. 6) Sub-total TRUSTEE 0. X 0. 0. 7) MITCHELL S. ZUKLIE 4.00 TRUSTEE 1. X 1.		+	y					0	0			
TRUSTEE			21					0				
TRUSTEE 0. X 0. 0. JOHN K. L. THORNDIKE 4.00		+	Х					0	0.			
TRUSTEE 0. X 0. 0. 1) JOHN K. L. THORNDIKE 4.00 TRUSTEE 0. X 0. 0. (5) KAREN N. WALKER 4.00 TRUSTEE 0. X 0. 0. (6) DAVID P. WHEELER 4.00 TRUSTEE 0. X 0. 0. (7) MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. (8) MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. (9) MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. (1) MITCHELL S. ZUKLIE 4.00 TRUSTEE 1. 0. X 0. 0. (1) MITCHELL S. ZUKLIE 1. 0. X 0. 0. (2) TOTAL INTERING THE OF THE	B) JAMES E. STALEY							-				
TRUSTEE 0. X 0. 0. KAREN N. WALKER 4.00 TRUSTEE 0. X 0. 0. DAVID P. WHEELER 4.00 TRUSTEE 0. X 0. 0. MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. TRUSTEE 0. X 0. 0. TRUSTEE 0. Y 0. 0. TRUSTEE 0. Y 0. 0. TRUSTEE 1. 0. X 0. 0. T	TRUSTEE	+	Х					0	0.			
TRUSTEE 0. X 0. 0. DAVID P. WHEELER 4.00 TRUSTEE 0. X 0. 0. MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. TRUSTEE 0. X 0. 0. MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. TOtal from continuation sheets to Part VII, Section A) JOHN K. L. THORNDIKE	4.00										
TRUSTEE 0. X 0. 0. DAVID P. WHEELER 4.00 TRUSTEE 0. X 0. 0. 0. MITCHELL S. ZUKLIE 4.00 TRUSTEE 0. X 0. 0. 0. DESCRIPTION OF TRUSTEE 0. X 0. 0. 0. TRUSTEE 0.	TRUSTEE	0.	X					0	0.			
TRUSTEE) KAREN N. WALKER	4.00										
TRUSTEE 0. X 0. 0. MITCHELL S. ZUKLIE 4.00 0. 0. TRUSTEE 0. X 0. X 0. 0. 0.		0.	X					0	0.			
TRUSTEE O. X O. O. Sub-total C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5		4.00										
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			X					0	0.			
b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 197 Yes N Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5		+										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2/2	TRUSTEE	0.	X		+			0	0.			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 2/2								0				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X							>	0.	0.			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
reportable compensation from the organization ▶ 197 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									\$400,000 -f			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual					abo	ove) wi	0 16	ceived more than	\$ 100,000 01			
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	repertusie compensation from the erganiza										Vas	No
employee on line 1a? If "Yes," complete Schedule J for such individual	Did the organization list any former o	fficer directo	r or	trus	stee	kev	emr	lovee or highes	t compensated		100	
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5										3	Х	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
individual												
for services rendered to the organization? If "Yes," complete Schedule J for such person										4	Х	
		"Yes," comple	te Sch	nedul	e J f	or such	n per	son		5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form **990** (2019)

BOWDOIN COLLEGE 01-0215213 Form 990 (2019) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
ts	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b	27,000.				
Ĕ	С	Fundraising events 1c	70,000.				
<u>.</u>	d	Related organizations 1d					
Ĕ	е	Government grants (contributions) 1e	5,062,000.				
ิ	f	All other contributions, gifts, grants,					
<u> </u>		and similar amounts not included above . 1f	66,219,000.				
5	g	Noncash contributions included in					
<u> </u>		lines 1a-1f <u>1g</u>					
-	h	Total. Add lines 1a-1f		71,378,000.			
			Business Code				
	2a	TUITION AND FEES	611710	101,459,000.	101,459,000.		
yevelue Aevelue	b	ROOM AND BOARD	611710	19,461,000.	19,461,000.	257 222	
5	С	AUXILIARY ENTERPRISES	611710	3,930,000.	3,563,000.	367,000.	
2	d	APPLICATION FEES	611710	166,000.	166,000.		
	е	OFF-CAMPUS STUDY	611710	455,000.	455,000.		
	f	All other program service revenue		817,000. 126,288,000.	817,000.		
+		Total. Add lines 2a-2f		126,288,000.			
	3	Investment income (including dividends,		6,397,000.		-8,605,000.	15,002,0
		other similar amounts).		0,397,000.		-8,003,000.	15,002,0
	4 5	Income from investment of tax-exempt bon Royalties		5,000.			5,0
	•	(i) Real	(ii) Personal	3,000.			3,0
	6a	Gross rents 6a 31,000	1 ,				
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c 31,000					
	d	Net rental income or (loss)		31,000.	31,000.		
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 551,729,000	. 40,000.				
	b	Less: cost or other basis					
		and sales expenses 7b 431,322,000					
	С	Gain or (loss) 7c 120,407,000	. 40,000.				
		Net gain or (loss)	▶	120,447,000.		2,005,000.	118,442,0
	8a	Gross income from fundraising					
		events (not including \$70,000.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	25,000.				
	b	Less: direct expenses 8b	41,000.				
	С	Net income or (loss) from fundraising events	s	-16,000.			-16,0
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	<u>, , , , , , , , ▶ </u>	0.			
1	0a	Gross sales of inventory, less					
		returns and allowances10a					
		Less: cost of goods sold					
+	С	Net income or (loss) from sales of inventory.		0.			
		00000	Business Code	10=	40=		
1	1a	OTHER REVENUE	611710	437,000.	437,000.		
	b						
1	C	All II					
		All other revenue		435.000			
┸		Total. Add lines 11a-11d		437,000.	126 200 000	6 022 000	122 422 2
1:		i otal revenue. See mstructions		324,967,000.	126,389,000.	-6,233,000.	133,433,00

Form 990 (2019) BOWDOIN COLLEGE 01-0215213 Page **10**

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do	not include amounts reported on lines 6b, 7b,		(B)					
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
	Grants and other assistance to domestic organizations			J 1	·			
	and domestic governments. See Part IV, line 21	596,000.	596,000.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	47,377,000.	47,377,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16	497,000.	497,000.					
4	Benefits paid to or for members	0.						
5	Compensation of current officers, directors,	8,092,000.	2,325,000.	5,270,000.	497,000.			
	trustees, and key employees	8,092,000.	2,323,000.	5,270,000.	497,000.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	335,000.		237,000.	98,000.			
7	Other salaries and wages	80,266,000.	67,152,000.	9,145,000.	3,969,000.			
	Pension plan accruals and contributions (include	, ,	, , , , , , , , , , , , , , , , , , , ,	., ., .,				
o	section 401(k) and 403(b) employer contributions)	8,349,000.	6,946,000.	952,000.	451,000.			
9	Other employee benefits	11,633,000.	9,781,000.	1,268,000.	584,000.			
10	Payroll taxes	5,941,000.	4,808,000.	802,000.	331,000.			
	Fees for services (nonemployees):							
а	Management	0.						
	Legal	817,000.		817,000.				
c	Accounting	399,000.		399,000.				
d	Lobbying	22,800.		22,800.				
	Professional fundraising services. See Part IV, line 17.	172,000.		205 000	172,000.			
1	Investment management fees	305,000.		305,000.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	6,026,000.	3,616,000.	1,296,000.	1,114,000.			
	(A) amount, list line 11g expenses on Schedule O.)	45,000.	42,000.	3,000.	1,114,000.			
	Advertising and promotion	4,937,000.	3,612,000.	772,000.	553,000.			
13 14	Office expenses	5,184,000.	3,500,000.	1,682,000.	2,000.			
15	Royalties	0.	.,,	, , , , , , , , , , , , , , , , , , , ,	,			
16	Occupancy	6,249,000.	5,056,000.	1,180,000.	13,000.			
17	Travel	3,155,000.	2,530,000.	321,000.	304,000.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	1,034,000.	666,000.	56,000.	312,000.			
20	Interest	11,756,000.	10,815,000.	941,000.				
21	Payments to affiliates	0.	10 001 000	1 115 000				
22	Depreciation, depletion, and amortization	13,936,000.	12,821,000. 723,000.	1,115,000.				
23	Insurance	831,000.	723,000.	108,000.				
24	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.)							
9	PROVISION FOR EXCISE TAXES	4,923,000.		4,923,000.				
	LIBRARY MATERIALS	3,118,000.	3,118,000.					
~	PURCHASES FOR RESALE	2,793,000.	2,793,000.					
d	FACILITIES MAINT. AND REPAIR	2,338,000.	2,221,000.	117,000.				
е	All other expenses	2,403,200.	1,420,000.	952,200.	31,000.			
	Total functional expenses. Add lines 1 through 24e	233,530,000.	192,415,000.	32,684,000.	8,431,000.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.						
_	· · · · · · · · · · · · · · · · · · ·	· · ·			Form 990 (2010)			

Form **990** (2019)

Form 990 (2019) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	21,285,000.	2	24,213,000.
	3	Pledges and grants receivable, net	29,701,000.	3	62,003,000.
	4	Accounts receivable, net	1,928,000.	4	2,133,000.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	2,706,000.	7	2,118,000.
Assets	8	Inventories for sale or use	1,646,000.	8	1,485,000.
Ä	9	Prepaid expenses and deferred charges	3,747,000.	9	4,182,000.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 522,971,000.			
	b	Less: accumulated depreciation	295,920,000.	10c	326,957,000.
	11	Investments - publicly traded securities	64,004,000.	11	71,161,000.
	12	Investments - other securities. See Part IV, line 11	1,852,021,000.	12	1,844,440,000.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	107,676,000.	15	19,457,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,380,634,000.	16	2,358,149,000.
	17	Accounts payable and accrued expenses	27,044,000.	17	21,103,000.
	18	Grants payable	2,438,000.	18	1,645,000.
	19	Deferred revenue	1,179,000.	19	1,066,000.
	20	Tax-exempt bond liabilities.	151,334,000.	20	87,223,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	13,000.	21	20,000.
G	22	Loans and other payables to any current or former officer, director,		21	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iii		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	41,574,000.	23	21,727,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	237,142,000.	25	243,829,000.
	26	Total liabilities. Add lines 17 through 25	460,724,000.	26	376,613,000.
		Organizations that follow FASB ASC 958, check here	11,121,000	20	2 7 2 2 7 3 3 3 1
Fund Balances		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	255,634,000.	27	246,539,000.
Ba	28	Net assets with donor restrictions.	1,664,276,000.	28	1,734,997,000.
ы		Organizations that do not follow FASB ASC 958, check here ▶		20	
교		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
	32	Total net assets or fund balances	1,919,910,000.	32	1,981,536,000.
Net	33	Total liabilities and net assets/fund balances	2,380,634,000.	33	2,358,149,000.
_	55	Total nabilities and not assets/fully balances, , , , , , , , , , , , , , , , , , ,	_,555,551,556.	<u> </u>	Form 990 (2019)

Form **990** (2019)

9E1053 2.000 8835BZ 1592 2656406 PAGE 14 BOWDOIN COLLEGE 01-0215213

Page **12** Form 990 (2019)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			67,0	
2	Total expenses (must equal Part IX, column (A), line 25)	000 500 00				
3	Revenue less expenses. Subtract line 2 from line 1	3			37,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,9	19,9	10,0	00.
5	Net unrealized gains (losses) on investments	5	-	22,7	37,0	00.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-7,0	74,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1,9	81,5	36,0	00.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X					
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain	on			
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	-		3b	X	

9E1054 2.000 8835BZ 1592 2656406

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization BOWDOIN COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number 01-0215213

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions			
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu្	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).			
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).			
7		-	ally receives a substantial part of its support from a governmental unit or from the general public							
		described in section 170(b)								
8		A community trust describe		•	Part II.)					
9		An agricultural research org	-		-		I in conjunction with a	land-grant college		
		or university or a non-land-	=			-	=			
		university:	g g	, (, , ,			
10		An organization that norma	Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	nip fees, and gross		
. •		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	exception	s. and (2) no more tha	n 331/3% of its		
		support from gross investmacquired by the organizatio						businesses		
11		An organization organized								
 12		An organization organized	•	•	•		` ' ' '	earry out the nurnoses		
12			· · · · · · · · · · · · · · · · · · ·	-	-					
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
_		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
а										
	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.									
h		Type II. A supporting org	-			with ite	supported organization	on(c) by baying		
b	_		•				· · ·			
		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.								
_	Г				tad in a	onnostio	n with and functional	lly intograted with		
С	_	Type III functionally integ						ny integrated with,		
	Г	its supported organization		•				tod organization(s)		
d	L	Type III non-functionally			-					
		that is not functionally inte		• •	-		•	an attentiveness		
_	Г	requirement (see instruct	•	-				I Tura III		
е	L	Check this box if the orga						і, туре ііі		
f	Er	functionally integrated, or iter the number of supported								
g		ovide the following information						• • • • • • • • • • • • • • • • • • • •		
9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of		
	(1)	rame of supported organization	(11) 2.11	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
(C)										
(D)										
(E)										
Tot	al									

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,713,000.	40,302,000.	27,833,000.	46,950,000.	71,378,000.	219,176,000.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	32,713,000.	40,302,000.	27,833,000.	46,950,000.	71,378,000.	219,176,000.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,998,935.
6	Public support. Subtract line 5 from line 4						207,177,065.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	32,713,000.	40,302,000.	27,833,000.	46,950,000.	71,378,000.	219,176,000.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,306,000.	14,093,000.	14,932,000.	16,670,000.	15,038,000.	73,039,000.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	40,000.	35,000.	37,000.		25,000.	137,000.
11	Total support. Add lines 7 through 10						292,352,000.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	613,632,000.
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp		•				
14	Public support percentage for 2019 (lin		-			14	70.87%
15	Public support percentage from 2018					15	68.84 %
16a	331/3% support test - 2019. If the org	,		•		•	
_	box and stop here. The organization qu	•		•			
b	331/3% support test - 2018. If the org						
47-	this box and stop here. The organization	•		_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization Part VI how the organization meets the state of the state o			•		•	•
	_			_		· · · · · · · ·	
h	organization						
D		_					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
	-				-	-	
18	supported organization						
10	<u> </u>						
	instructions						

9E1220 1.000 8835BZ 1592 2656406 PAGE 17

Page 3

BOWDOIN COLLEGE

Part III

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year_						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Scheo					16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d		-	-		• • •	

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

ng b <i>y</i>	1	
JS,	1	
ed	2	
er	3a	
nd ne		
	3b	
3)	3с	
If		
	4a	
gn o <i>n</i>		
	4b	
on ed B)		
	4c	
s," IN n; on		
	5a	
dy	5b	
	5c	
to ed or		
	6	
or ty		
7?	7	
•	8	
re ed		
	9a	
h	9b	
fit	9с	
on ed		
	10a	
to	10b	
	מטו	 1) 0040

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **5**

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
C = = 4		3		
	on E. Type III Functionally Integrated Supporting Organizations		\	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	itructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	inatuu	-4i\	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	iristruc	Yes	
2	Activities Test. Answer (a) and (b) below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	22		
	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
_		21)		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s				
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See			
instructions. All other Type III non-functionally integrated supporting organization	•		•			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3.	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.						
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).						
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see			
instructions).	-					

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 8835BZ 1592 2656406 PAGE 21 Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

8835BZ 1592 2656406 PAGE 22

Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME								
Schizone II, Time II Clinic Income								
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL		
FUNDRAISING RECEIPTS	40,000.	35,000.	37,000.		25,000.	137,000.		
TOTALS	40,000.	35,000.	37,000.		25,000.	137,000.		

Schedule A (Form 990 or 990-EZ) 2019

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

BOWDOIN COLLEGE 01-0215213 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization BOWDOIN COLLEGE

Employer identification number 01-0215213

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization BOWDOIN COLLEGE

Employer identification number 01-0215213

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,650,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization BOWDOIN COLLEGE

Employer identification number 01-0215213

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	PUBLICLY TRADED SECURITIES		
		\$6,936,602.	02/04/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(-) N:			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Name of o	rganization BOWDOIN COLLEGE			Employer identification number			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for	the year from any o	ne contributor.	Complete columns (a) through (e) and			
	the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	e year. (Enter this inf	ormation once. S				
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		(e) Transfe	r of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No.							
Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfe nd ZIP + 4		nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		r of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

•	Section 50 f(c)(3) organizations	that have filed Forth 5766 (election un	idei section 50 i(ii)). Co	inplete Part II-A. Do not con	ipiele Part II-b.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
Гах)	(see separate instructions), then		Tax) (see separate in	structions) or Form 990-l	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	e of organization			• •	ntification number
	DOIN COLLEGE			01-021	
Pai	-	organization is exempt under			
1	•	organization's direct and indirect p	political campaign ac	tivities in Part IV. (see ir	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity ex	xpenditures (see instructions)		▶ \$	
	Volunteer hours for political	campaign activities (see instruction	ns)		
Par		organization is exempt under s			
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		sise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.		(! 504/-)		<u>, </u>
Par	•	organization is exempt under).
1		xpended by the filing organization			
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed es	to other organization	ns for section ►\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	m 1120-POL,	
4 5	Did the filing organization file Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom nd or a political action committee (l	er (EIN) of all section ter the amount paid aptly and directly de	n 527 political organiza I from the filing organiza livered to a separate po	ations to which the filino cation's funds. Also ente olitical organization, sucl
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

01-0215213 Page **2** BOWDOIN COLLEGE

Sch	edule C (Form 990 or 990-EZ) 2019	POMDOT	и соппес	T.C.		01-0	ZISZIS Page Z
Pa	Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ch affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	l" provisions app	ly.	
	Limits	on Lobb	ying Expend	ditures	Ì	(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to i	nfluence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to i	nfluence	a legislative	e body (direct lobbyi	ng)		
	: Total lobbying expenditures (ad		-				
	Other exempt purpose expendit						
	Total exempt purpose expenditu	-		•			
f	Lobbying nontaxable amount.	Enter th	e amount t	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is:			is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000			us 15% of the excess			
	Over \$1,000,000 but not over \$1,5		· ·	us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000	000,000		us 5% of the excess of	over \$1,500,000.		
_	Over \$17,000,000	(ontor 25	\$1,000,000				
	Grassroots nontaxable amount Subtract line 1g from line 1a. If						
	Subtract line 1f from line 1c. If z						
	If there is an amount other th					ion file Form 4720	
J	reporting section 4911 tax for the				•		Yes No
	Toporting coolion 4011 taxtor a			aging Period Unde			100 110
	(Some organizations that					ete all of the five colum	nns below.
	, σ			te instructions for I			
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Per	iod	I
	Calendar year (or fiscal year beginning in)	(a)	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	: Total lobbying expenditures						
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

9E1265 1.000 8835BZ 1592 2656406 PAGE 30

Page 3 Schedule C (Form 990 or 990-EZ) 2019

Pa	ttll-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		age O
	and Was II was an incention to the same of holes were in Deut IV a datailed	(8	a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
_	referendum, through the use of:		Х				
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X				
C	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		Х				
e	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
i	Other activities?	Х					,800
j	Total. Add lines 1c through 1i					22	,800
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ectior	1		
	(-)(-)					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
				4			
1	Dues, assessments and similar amounts from members		- 1	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amor	unts	of				
_	political expenses for which the section 527(f) tax was paid).			2a			
a	Current year	• • •	• • •	2b			
b c			• • •	2c			
	Total		• • •	3			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		- 1				
7	excess does the organization agree to carryover to the reasonable estimate of nondeductible I		- 1				
	and political expenditure next year?	obbyn	' ⁹	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	Tt IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	ıp list); Part	II-A, li	nes 1	and
2 (se	ee instructions); and Part Il-B, line 1. Also, complete this part for any additional information.						
LOE	BBYING ACTIVITIES						
PAF	RT II-B, LINE 1I						
THE	ORGANIZATION PAYS MEMBERSHIP DUES TO ASSOCIATIONS WHICH MAY ENGA	GE II	1				
LOE	BBYING ACTIVITIES.						

Schedule C (Form 990 or 990-EZ) 2019

BOWDOIN COLLEGE 01-0215213

Schedule C (Form 990 or 990-EZ) 2019

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BOV	DOIN COLLEGE			01-0215213
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Si	milar Funds o	r Accounts.
	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 6.	
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held	in donor advised
	funds are the organization's property, subject to the	e organization's exclusive	legal control?	Yes . No
6	Did the organization inform all grantees, donors, a	=	-	
	only for charitable purposes and not for the bene	fit of the donor or donor	advisor, or for a	any other purpose
	conferring impermissible private benefit?			Yes No
Pa	rt Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that	at apply).	
	Preservation of land for public use (for example	e, recreation or education)	Preservation	of a historically important land area
	Protection of natural habitat		Preservation	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	on contribution in	n the form of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	3		2b
С	Number of conservation easements on a certified	historic structure included	in (a)	2c
d	Number of conservation easements included in (conservation)	c) acquired after 7/25/06	, and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tra	nsferred, released, exting	juished, or term	ninated by the organization during the
	tax year 🕨			
4	Number of states where property subject to conse			
5	Does the organization have a written policy reg			
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violation	ns, and enforcing	conservation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations	, and enforcing o	conservation easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2			
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		anization's financ	cial statements that describes the
Ds	rt III Organizations Maintaining Collections		sures or Othe	ar Similar Assats
1 6	Complete if the organization answered	"Yes" on Form 990 Pa	art IV line 8	olilliai Assets.
4-				
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse	ts held for public exhibi	ition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote	to its financial statements	that describes t	these items.
b	If the organization elected, as permitted under Fr			
	art, historical treasures, or other similar assets he provide the following amounts relating to these iter		education, or res	search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part VIII, line 1			
2	If the organization received or held works of a			
_	following amounts required to be reported under F			assets for infancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1.			▶ \$
b	Assets included in Form 990, Part X			> \$

BOWDOIN COLLEGE 01-0215213

Page 2 Schedule D (Form 990) 2019

Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	X Public exhibition		d X	Loan c	r exchanç	ge progra	m			
b	X Scholarly research		e	Other						
С	X Preservation for future gener	ations								
4	Provide a description of the organ	nization's collections	and expla	in how t	hey furthe	er the or	ganization's exen	npt purpo	se in	Part
	XIII.		•		•		-			
5	During the year, did the organization	n solicit or receive o	donations o	f art, histo	orical trea	sures, or	other similar			
	assets to be sold to raise funds rath							Yes	X	No
Pa	rt IV Escrow and Custodial A	rrangements.			_					
	Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" on Fori	m 990, P	art IV, lin	e 9, or r	eported an amo	unt on F	orm	
12	Is the organization an agent, truste	e custodian or othe	er intermed	iary for co	ontribution	ns or othe	r assets not			
·u	included on Form 990, Part X?							Yes	х	No
h	If "Yes," explain the arrangement in	Part XIII and comm	olete the fol	lowing tah	 .le [.]				, [J
D	ii res, explain the arrangement ii	Trait Alli alla comp		lowing tab			Amou	nt		
С	Beginning balance				1	_	711100			
q	Additions during the year									
u _	Distributions during the year									
f	Ending balance									
2а	Did the organization include an am						account liability?	X Yes		No
	If "Yes," explain the arrangement in						•			≓
_	rt V Endowment Funds.	TI att XIII. Official III	cie ii tile ez	piariation	nas been	provided	OIII ait XIII		21	
Га	Complete if the organiza	tion answered "Ye	es" on For	m 990 F	art IV lir	e 10				
	Complete ii the organiza	(a) Current year	(b) Prio		(c) Two ye		(d) Three years back	((a) Fou	ır years	hack
_		1743671000.		55000.		09000.	1339981000	_		0000.
1a	Beginning of year balance	18,977,000.		0,000.		3,000.	16,132,000			,000.
b	Contributions	10,577,000.	17,01	3,000.	10,55	3,000.	10,132,000	. 21,	171,	
С	Net investment earnings, gains,	99,255,000.	173,843	3 000	225,57	2 000	163,263,000	_10	070	,000.
	and losses	32,721,000.		5,000.		8,000.	25,996,000			,000.
d	Grants or scholarships	32,721,000.	30,30.	3,000.	20,70	0,000.	23,330,000	. 22,	730,	
е	Other expenditures for facilities	39,635,000.	27 00'	7,000.	2/ /5	3,000.	31,308,000	27	226	,000.
	and programs	8,577,000.		5,000.		8,000.	6,163,000			,000.
f	Administrative expenses	1780970000.		71000.		65000.	1455909000			L000.
g	End of year balance							. 133	9901	
2 a	Provide the estimated percentage Board designated or quasi-endowm	ent ▶ 8.2000	end balance _%	e (line 1g,	column (a)) held as	:			
b	Permanent endowment ▶ 91.8	000 %								
		%								
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.							
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held a	ınd admir	nistered for the			
	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 relate	d organizations liste	d as require	ed on Sch	edule R?.			. 3b		
4	Describe in Part XIII the intended u	ses of the organiza	tion's endo	wment fur	ıds.					
Pa	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or			r other basis		cumulated	(d) Book	alue	
10	Land	(inves	unent)		ther) 31,000		eciation	7 1	.31,0	100
1a	Land				55,000		22 000	257,4		
b	Buildings				97,000		00,000.		.97,0	
C	Leasehold improvements				11,000		27,000.			
d	Equipment				77,000		65,000.		12 (
e Tata	Other I. Add lines 1a through 1e. (Column		n 000 Dant					326,9	12,0	
ota	n. Add iiries Ta trifough Te. (Column	(u) must equal Forr	ıı 99 0, Paft	∧, coiumr	ı (D), ilne	100.)		240,5	ا, اد	,00.

Schedule D (Form 990) 2019

BOWDOIN COLLEGE

Schedule D (F	orm 990) 2019 Pag	e 3
Part VII	Investments - Other Securities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	

· · · · · · · · · · · · · · · · · ·		, ,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED INCOME	5,238,000.	FMV
(B) EQUITIES	434,995,000.	FMV
(C) ABSOLUTE RETURN	548,092,000.	FMV
(D) ALTERNATIVE INVESTMENTS	856,115,000.	FMV
(E)		
(F)		
(G)		
(H)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,844,440,000.	

am Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LIABILITY: POST-RETIREMENT BEN	21,325,000.
(3)	ASSET RETIREMENT OBLIGATION	1,514,000.
(4)	LIABILITY FOR PV OF LIFE INCOM	14,689,000.
(5)	FAIR VALUE OF INTEREST RATE SW	9,609,000.
(6)	DEFERRED TAX LIABILITY	4,100,000.
(7)	EXCISE TAX LIABILITY	1,335,000.
(8)	TAXABLE BOND LIABILITIES	191,257,000.
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	243,829,000.

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

JSA 9E1270 1.000

BOWDOIN COLLEGE 01-0215213

Schedule D (Form 990) 2019 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	282,686,000.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d	2e	-29,811,000.		
3	Subtract line 2e from line 1	3	312,497,000.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,576,000.				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	4c	12,470,000.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	324,967,000.		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.			
1	Total expenses and losses per audited financial statements	1	221,060,000.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e	41,000.		
3	Subtract line 2e from line 1	3	221,019,000.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,576,000.				
b	Other (Describe in Part XIII.)		10 511 000		
С	Add lines 4a and 4b	4c	12,511,000.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	233,530,000.		
2; Part	Supplemental Information. The the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5				

Schedule D (Form 990) 2019 BOWDOIN COLLEGE 01-0215213 Page **5**

Part XIII Supplemental Information (continued)

ORGANIZATIONS MAINTAINING COLLECTIONS

PART III, LINE 1A

THE COLLEGE DOES NOT CAPITALIZE COLLECTIONS, PRIMARILY ART OBJECTS, AS

THEY ARE HELD FOR PUBLIC EXHIBITION AND EDUCATION RATHER THAN FINANCIAL

GAIN. PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE USED TO ACQUIRE

OTHER ITEMS FOR COLLECTION.

ORGANIZATION'S COLLECTIONS

PART III, LINE 4

COLLEGE COLLECTIONS ARE PRIMARILY ART OBJECTS HELD FOR PUBLIC EXHIBITION AND EDUCATION.

CUSTODIAL ACCOUNTS

PART IV, LINE 2B

THE COLLEGE HOLDS \$20,000 OF SECURITY DEPOSITS ON ITS RENTAL PROPERTIES.

ENDOWMENT FUNDS

PART V, LINE 4

THE COLLEGE'S ENDOWMENT IS INVESTED WITH THE INTENT OF BALANCING THE GOALS OF GENERATING A STEADY, STABLE STREAM OF FUNDS TO SUPPORT THE CURRENT OPERATIONS OF THE COLLEGE WHILE PRESERVING THE PURCHASING POWER OF THE ENDOWMENT TO SUPPORT PROGRAMS AND INITIATIVES FOR FUTURE GENERATIONS OF BOWDOIN STUDENTS. THE TOP FOUR USES OF THE ENDOWMENT FOR FY 2020 WERE AS FOLLOWS: FINANCIAL AID 47.5%; FACULTY COMPENSATION, ACADEMIC PROGRAMS AND RESEARCH 21.1%; GENERAL OPERATIONS 17.6%; LIBRARY AND MUSEUM PROGRAM SUPPORT 6%.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BOWDOIN COLLEGE 01-0215213 Page **5**

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE COLLEGE IS A NOT-FOR-PROFIT ORGANIZATION AND IS GENERALLY EXEMPT FROM INCOME TAXES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED. THE COLLEGE ASSESSES UNCERTAIN TAX POSITIONS AND HAS DETERMINED THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

PART XI, LINE 2D

NET UNREALIZED LOSS ON INTEREST RATE SWAP (\$2,848,000)

POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST (\$2,516,000)

NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS (\$385,000)

LOSS ON ASSET RETIREMENT OBLIGATION (\$49,000)

UNAMORTIZED BOND ISSUE DISCOUNTS/COSTS (\$1,044,000)

UNCOLLECTIBLE PLEDGES (\$232,000)

TOTAL (\$7,074,000)

OTHER EXPENSES INCLUDED ON FORM 990, PART VIII

PART XI, LINE 4B

DEFERRED & EXCISE TAX LIABILITIES \$3,935,000

DIRECT EXPENSES FOR FUNDRAISING EVENT (\$41,000)

TOTAL \$3,894,000

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BOWDOIN COLLEGE 01-0215213 Page 5

Part XIII Supplemental Information (continued)

OTHER EXPENSES NOT INCLUDED ON FORM 990, PART IX

PART XII, LINE 2D

DIRECT EXPENSES FOR FUNDRAISING EVENT

\$41,000

OTHER EXPENSES INCLUDED ON FORM 990, PART IX

PART XII, LINE 4B

DEFERRED & EXCISE TAX LIABILITIES

\$3,935,000

Schedule D (Form 990) 2019

JSA

9E1226 1.000 8835BZ 1592 2656406 PAGE 39

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BOWDOIN COLLEGE Employer identification number 01-0215213

Pa	rt I			
	Describes a second of the first of the second of the secon		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	•	21	
_	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	3	x	
	describe. If "No," please explain. If you need more space, use Part II	3	21	
	SEE SUPPLEMENTAL PAGE			
4	Does the executation maintain the falleuting?			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b		- 		
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		х
b	Autiliosiono policies:	35		
С	Employment of faculty or administrative staff?	5с		Х
d	Scholarships or other financial assistance?	5d		X
_	Educational policies?	5e		X
-	Ludeational policies:	36		
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
n	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	311		21
	in you anomored from the above, please explain. If you need more space, ase fair in			
_			V	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

RACIALLY NONDISCRIMINATORY POLICY

PART I, LINE 3

THE ACADEMIC HANDBOOK CONTAINS A STATEMENT OF BOWDOIN COLLEGE'S

NON-DISCRIMINATION POLICY. THE ACADEMIC HANDBOOK IS PUBLISHED ONLINE AT

THE COLLEGE'S WEBSITE - HTTPS://BOWDOIN-PUBLIC.COURSELEAF.COM

EXPLANATION OF GOVERNMENT FINANCIAL AID

PART I, LINE 6A

PROGRAMS.

THE COLLEGE PARTICIPATES IN VARIOUS STUDENT FINANCIAL AID PROGRAMS FROM THE U.S. DEPARTMENT OF EDUCATION, INCLUDING THE FOLLOWING: PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS AND COLLEGE WORK STUDY

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BOWDOIN COLLEGE 01-0215213 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to X Yes award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, of offices in region (by type) (such as, a program service, expenditures for agents, and the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) EAST ASIA AND THE PACIFIC 0. 0. GRANTMAKING 56,000. (2) EUROPE 0. GRANTMAKING 440,000. 0. (3) NORTH AMERICA 0. 0. GRANTMAKING 1,000. Ω INVESTMENTS 923,404,000. CENTRAL AMERICA/CARIBBEAN Ω (5) EUROPE Ω Ω INVESTMENTS 12,589,000. SUB-SAHARAN AFRICA 0. 0. INVESTMENTS 33,534,000. EAST ASIA AND THE PACIFIC 0. Ο. PROGRAM SERVICES SEE PART V 20,000. EAST ASIA AND THE PACIFIC 0. 0. PROGRAM SERVICES STUDENT RECRUITMENT 5,000. (9) EUROPE 0. Ο. PROGRAM SERVICES SEE PART V 85,000. (10) EUROPE 0. PROGRAM SERVICES STUDENT RECRUITMENT 6,000. (11) NORTH AMERICA 0. 0. PROGRAM SERVICES SEE PART V 42,000. (12) NORTH AMERICA 0. 3,000. Ω PROGRAM SERVICES STUDENT RECRUITMENT (13) NORTH AMERICA 1. 17. PROGRAM SERVICES SCIENTIFIC STATION 122,000. (14) RUSSIA/INDEPENDENT STATES 0. 0. PROGRAM SERVICES SEE PART V 2,000. Ω PROGRAM SERVICES (15) SOUTH AMERICA Λ SEE PART V 1,000. (16) SOUTH AMERICA Ω Ω PROGRAM SERVICES STUDENT RECRUITMENT 3,000. (17) SOUTH ASIA 0. Ο. PROGRAM SERVICES SEE PART V 10,000.

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

1.

17.

Schedule F (Form 990) 2019

970,323,000.

970,329,000.

6,000.

3a

Total

Subtotal

sheets to Part I

Totals (add lines 3a and 3b)

from continuation

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

01-0215213 BOWDOIN COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	other assistance, the grantees' award the grants or assistance?					X Yes No
2	For grantmakers. Describe in I outside the United States.					d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	EUROPE	0.	0.	FUNDRAISING		2,000.
(2)	NORTH AMERICA	0.	0.	FUNDRAISING		2,000.
(3)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITMENT	2,000.
(4)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)	Culstatal					
	Subtotal sent continuation					
b	sheets to Part I					
С	Totals (add lines 3a and 3b)	I	I			

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	the IRS, or for which the gra	t organizations listed above t antee or counsel has provide ganizations or entities	d a section 501(c)(3)	equivalency letter	·		-		

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL AID	EAST ASIA/PACIFIC	5.	56,000.	WIRE TRANSF			
(2) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	27.	440,000.	WIRE TRANSF			
(3) FINANCIAL AID	SOUTH AMERICA	1.	1,000.	WIRE TRANSF			
_(4)							
_(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 4

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) X Yes	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes X	

Schedule F (Form 990) 2019

JSA

9E1277 1.000 8835BZ 1592 2656406 PAGE 46

Schedule F (Form 990) 2019 Page **5**

Supplemental Information Part V

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

MONITOR THE USE OF GRANT FUNDS

PART I, LINE 2

ELIGIBILITY FOR BOWDOIN GRANT ASSISTANCE IS "NEED BASED" AND DETERMINED THROUGH ANALYSIS OF A FAMILY'S INCOME AND ASSETS. FAMILY INFORMATION IS COLLECTED THROUGH THE COLLEGE BOARD'S CSS/FINANCIAL AID PROFILE FORM, FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND THE FAMILY'S FEDERAL INCOME TAX RETURNS. EXCEPT FOR NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE DOES NOT OFFER MERIT BASED AID. THE COLLEGE MAINTAINS A STUDENT AID OFFICE TO COUNSEL STUDENTS/FAMILIES ON HOW TO AFFORD A BOWDOIN EDUCATION AND TO ENSURE THAT AWARDS ARE IN COMPLIANCE WITH ESTABLISHED POLICIES AND PROCEDURES.

PROGRAM SERVICE ACTIVITIES

PART I, LINE 3, COLUMN E

PROGRAM SERVICES ACTIVITY INCLUDES STUDENT EDUCATION RELATED TRAVEL, FACULTY AND STAFF PROFESSIONAL DEVELOPMENT, RESEARCH, AND RELATED TRAVEL.

BASIS OF ACCOUNTING

PART I, LINE 3, COLUMN F

THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

Schedule F (Form 990) 2019 JSA

9E1502 1.000

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization BOWDOIN COLLEGE

Department of the Treasury

Employer identification number

01-0215213 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not re	equired to comple	te this pa	ırt.			
1 Indicate whether the organization rai	sed funds through	any of the	following	activities. Check	all that apply.	
a X Mail solicitations	е	X Solid	citation of	non-government g	grants	
b X Internet and email solicitations	f	X Solid	citation of	government grant	S	
c X Phone solicitations	g			ising events		
d X In-person solicitations	9	0 po.	olai railara	ionig overno		
2a Did the organization have a written o					firectors, trustees,	X Yes No
or key employees listed in Form 990						
b If "Yes," list the 10 highest paid indi		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by the	organization.					
	_					
		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or ormsy (tamaration)		contrib	outions?		col. (i)	organization
		Yes	No			
1						
RONALD A JOYCE	SEE PART IV		X		21,500.	-21,500.
2						
LIPMAN HEARNE	SEE PART IV		X		150,765.	-150,765.
3						
4						
5						
6						
7						
8						
9						
10						
Total					172,265.	-172,265.
3 List all states in which the organiza	tion is registered o	r license	to solicit	contributions or		
registration or licensing.	tion is registered t	n nochaet	i to solicit	CONTINUATIONS OF	nas been notined	it is exempt from
region anomer meeticing.						

Schedule G (Form 990 or 990-EZ) 2019

Sche Pa						
		more than \$15,000 of fundra events with gross receipts gre		ons and gross incom	ne on Form 990-EZ	, lines 1 and 6b. List
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	95,000.			95,000
Ř		Less: Contributions Gross income (line 1 minus	70,000.			70,000
		line 2)	25,000.			25,000
	4	Cash prizes				
	5	Noncash prizes	13,000.			13,000
Direct Expenses	6	Rent/facility costs	17,000.			17,000
t Expe	7	Food and beverages	10,000.			10,000
Direc	8	Entertainment				
	9	Other direct expenses	1,000.			1,000
		Direct expense summary. Add lin				41,000
		Net income summary. Subtract li				-16,000
Pa	4	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "` e 6a.	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
enses	2	Cash prizes				
-xpen	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9 a		Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
		·				
0 a		Were any of the organization's gamin	g licenses revoked, susp	pended, or terminated d	uring the tax year?	Yes No
b		If "Yes," explain:				

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a b	The organization's facility
14	An outside facility
• •	records:
	Name ▶
	Address ▶
45 -	
тэа	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address N
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
_	or spent in the organization's own exempt activities during the tax year ▶ \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
Tet INT	(see instructions). DRAISING SERVICES
FUN.	DRAISING SERVICES
PAR'	Γ I, LINE 2B, COLUMN (II)
RON	ALD A JOYCE
FUN:	DRAISING ACTIVITY: FUNDRAISING CONSULTANT
T.T DI	MAN HEARNE
חדה	
FUN:	DRAISING ACTIVITY: COMPREHENSIVE CAMPAIGN MARKETING, DESIGN AND
CON	SULTING
	0 - h - dud- 0 (F 000 000 F7) 0040

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047
2019

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

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number
BOWDOIN COLLEGE						01-021523	13
Part I General Information on Grants	and Assistanc	e				'	
 Does the organization maintain records the selection criteria used to award the g Describe in Part IV the organization's properties Part II Grants and Other Assistance the Part IV, line 21, for any recipies 	rants or assistand ocedures for mod o Domestic Or	ce? nitoring the use ganizations a i	of grant funds in the	e United States.	nplete if the organiz	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWN OF BRUNSWICK							
85 UNION STREET BRUNSWICK, ME 04011	99-9999999	GOV'T	467,000.				CONTRIBUTION
(2) BRUNSWICK DEVELOPMENT CORPORATION							
85 UNION STREET BRUNSWICK, ME 04011	01-0498822	501(C)(3)	25,000.				CONTRIBUTION
(3) BRUNSWICK AMERICAN LEGION							
1 COLUMBUS DRIVE BRUNSWICK, ME 04011	84-4691181	501(C)(19)	12,500.				CONTRIBUTION
(4) BRUNSWICK DOWNTOWN ASSOCIATION							
PO BOX 15 BRUNSWICK, ME 04011	75-3131242	501(C)(3)	12,000.				CONTRIBUTION
(5) PEJEPSCOT HISTORICAL SOCIETY							
159 PARK ROW BRUNSWICK, ME 04011	01-6024157	501(C)(3)	10,000.				CONTRIBUTION
(6) TOWN OF HARPSWELL							
PO BOX 39 HARPSWELL, ME 04079	99-9999999	GOV'T	9,500.				CONTRIBUTION
(7) UNITED WAY OF MID COAST MAINE							
34 WING FARM PARKWAY BATH, ME 04530	01-6004866	501(C)(3)	7,500.				CONTRIBUTION
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) a	and government	 organizations lis	ted in the line 1 tal	l ole		.	6.
3 Enter total number of other organizations	_	-					1.

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL ASSISTANCE FOR UNDERGRADUATE STUDENTS	968.	44,305,000.			
2 STUDENT RESEARCH FELLOWSHIPS	598.	1,751,000.			
3 GRAD. STUDENT FINANCIAL AID & POST GRAD. AWARDS	94.	438,000.			
4 ACADEMIC ACHIEVEMENT & OTHER STUDENT AWARDS	318.	131,000.			
5 COVID RELIEF - FEDERAL DISBURSEMENTS	820.	555,000.			
6 COVID RELIEF - BOWDOIN INSTITUTIONAL DISBURSEMENTS	351.	197,000.			
7					

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

MONITOR THE USE OF GRANT FUNDS

PART I, LINE 2

GRANTS TO ORGANIZATIONS IN THE U.S.

THE ALLOCATION OF GRANTS AND OTHER ASSISTANCE TO LOCAL ORGANIZATIONS AND

MUNICIPALITIES IS DETERMINED ON AN ANNUAL BASIS BY THE SENIOR VICE

PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER.

GRANTS TO INDIVIDUALS IN THE U.S.

ELIGIBILITY FOR BOWDOIN GRANT ASSISTANCE IS "NEED BASED" AND DETERMINED

THROUGH ANALYSIS OF A FAMILY'S INCOME AND ASSETS. FAMILY INFORMATION IS

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
_3					
4					
_ 5					
_ 6					
7					

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

COLLECTED THROUGH THE COLLEGE BOARD'S CSS/FINANCIAL AID PROFILE FORM,

FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND THE FAMILY'S FEDERAL INCOME TAX RETURNS. EXCEPT FOR NATIONAL MERIT SCHOLARSHIPS, THE COLLEGE DOES NOT OFFER MERIT BASED AID. THE COLLEGE MAINTAINS A STUDENT AID OFFICE TO COUNSEL STUDENTS/FAMILIES ON HOW TO AFFORD A BOWDOIN EDUCATION AND TO ENSURE THAT AWARDS ARE IN COMPLIANCE WITH ESTABLISHED POLICIES AND PROCEDURES.

SCHEDULE J (Form 990)

Compensation InformationFor 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

Department of the Treasury Internal Revenue Service Name of the organization BOWDOIN COLLEGE

Questions Regarding Compensation

Employer identification number 01-0215213

			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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	If any of the harves on line 40 are cheefeed did the consciention follows a smither malicy resonant			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	16		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	_	v	
_	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 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			37
_	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) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CLAYTON ROSE	(i)	492,646.	0.	6,701.	41,754.	53,095.	594,196.	0.
1 PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHEW ORLANDO	(i)	351,292.	0.	1,553.	36,947.	22,732.	412,524.	0.
2 SVP FINANCE & ADMIN/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
PAULA VOLENT	(i)	1,861,948.	2,300,000.	8,860.	42,575.	22,920.	4,236,303.	0.
3 ^{SVP/CHIEF} INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH MCCORMACK	(i)	303,519.	0.	3,249.	42,452.	13,510.	362,730.	0.
4 SVP/DEAN FOR ACADEMIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
JANET LOHMANN	(i)	195,296.	0.	1,288.	29,236.	29,067.	254,887.	0.
5 SVP/DEAN FOR STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT MEIKLEJOHN	(i)	353,200.	0.	11,318.	42,575.	17,435.	424,528.	0.
6 SVP FOR DVT & ALUMNI RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
SCOTT HOOD	(i)	235,958.	0.	3,896.	35,601.	13,208.	288,663.	0.
7 ^{SVP} FOR COMM & PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
E. WHITNEY SOULE	(i)	243,638.	0.	1,704.	37,562.	17,962.	300,866.	0.
8SVP/DEAN ADMISSIONS & ST. AID	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL CATO	(i)	266,125.	0.	3,446.	26,828.	31,824.	328,223.	0.
9SVP/CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL REED	(i)	257,216.	0.	4,724.	28,747.	11,734.	302,421.	0.
10 SVP FOR INCLUSION & DIVERSITY	(ii)	0.	0.	0.	0.	0.	0.	0.
TIMOTHY FOSTER	(i)	111,598.	0.	33,396.	24,038.	13,355.	182,387.	0.
11 FMR DEAN OF STUDENT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
JENNIFER SCANLON	(i)	232,129.	0.	6,657.	37,154.	40,475.	316,415.	0.
12 ^{FMR} INTERIM DEAN ACAD. AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
PATSY DICKINSON	(i)	216,691.	0.	4,163.	32,443.	11,308.	264,605.	0.
13 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL ARCHIBALD	(i)	268,532.	0.	1,728.	39,869.	22,196.	332,325.	0.
14 ASSOC VP DVT & ALUMNI RELATINS	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN HOLT	(i)	80,187.	0.	236,340.	17,410.	5,617.	339,554.	0.
15 FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRIS PICCIONE 16 16	(i)	185,707.	310,000.	5,614.	0.	14,251.	515,572.	0.
16 THE OPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 Page **2**

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ALLEN WELLS	(i)	101,405.	0.	162,527.	16,871.	6,037.	286,840.	0.
1 ^{FACULTY}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
_ 4	(ii)							
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BENEFITS

PART I, LINE 1A

TRAVEL FOR COMPANIONS:

SPOUSAL/PARTNER TRAVEL IS PERMISSIBLE IN INSTANCES WHERE THE PRESENCE OF A SPOUSE/PARTNER IS REQUIRED TO FURTHER A COLLEGE PURPOSE. THE AMOUNTS ARE COVERED UNDER THE COLLEGE'S EXPENSE REIMBURSEMENT POLICY. DURING THE TAX YEAR, THE ATTENDANCE OF THE PRESIDENT'S SPOUSE WAS REQUIRED AT CERTAIN COLLEGE EVENTS. RELATED TRAVEL COSTS WERE NONTAXABLE.

GROSS-UP PAYMENTS:

ONE KEY EMPLOYEE RECEIVED A GROSS-UP PAYMENT FOR CONSULTING SERVICES
RECEIVED. TWO KEY EMPLOYEES AND THREE HIGHEST COMPENSATED EMPLOYEES
RECEIVED A GROSS-UP PAYMENT ON A TAXABLE LENGTH OF SERVICE AWARD.

HOUSING ALLOWANCE:

THE COLLEGE REQUIRES THE PRESIDENT TO LIVE ON CAMPUS IN COLLEGE-PROVIDED HOUSING. THE VALUE OF THE BENEFIT IS INCLUDED IN PART II, COLUMN D FOR PRESIDENT CLAYTON ROSE.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SOCIAL CLUB DUES:

SOCIAL CLUB DUES WERE PAID BY THE COLLEGE ON BEHALF OF A KEY EMPLOYEE

DURING CALENDAR YEAR 2019. THE DUES ARE NOT INCLUDED IN THE EMPLOYEE'S

TAXABLE WAGES AS THE SOCIAL CLUB WAS USED TO CONDUCT COLLEGE BUSINESS

ONLY.

SEVERANCE OR CHANGE OF CONTROL PAYMENTS

PART I, LINE 4A

A HIGHEST COMPENSATED EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT

\$159,565.

A HIGHEST COMPENSATED EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT

\$209,117.

A KEY EMPLOYEE OF THE COLLEGE HAS AN EMPLOYMENT AGREEMENT WITH A

CONDITIONAL SEVERANCE CLAUSE.

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

NON-FIXED PAYMENTS

PART I, LINE 7

A KEY EMPLOYEE IN THE INVESTMENT OFFICE HAS AN INCENTIVE

PERFORMANCE-RELATED BONUS BASED IN PART ON THE INVESTMENT PERFORMANCE OF

THE BOWDOIN COLLEGE ENDOWMENT.

A HIGHEST COMPENSATED EMPLOYEE RECEIVED A BONUS WHICH WAS DETERMINED AT

THE DISCRETION OF A KEY EMPLOYEE.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization BOWDOIN COLLEGE

Department of the Treasury

Internal Revenue Service

Employer identification number 01-0215213

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	(g) Defeased		On alf of uer	(i) Pooled financing	
						Yes	No	Yes	No	Yes	N
A MAINE HHEFA	01-0314384		04/03/2017	20,700,000.	DIR. PLACEMENT REMARKETING-PART VI		Х		Х		2
B MAINE HHEFA	01-0314384	56042RPK2	12/28/2017	35,978,713.	ADVANCED REFUNDING - SEE PART VI		Х		Х		2
C MAINE HHEFA	01-0314384	56042RSC7	11/29/2018	32,389,091.	CONSTRUCTION - SEE PART VI		Х	<u> </u>	Х		2
D								'			

ט		1								
Par	II Proceeds			'						
			Α		1	В	(D)
1	Amount of bonds retired									
2	Amount of bonds legally defeased									
3	Total proceeds of issue		20,70	00,000.	35,9	78,713.	33,1	21,928.		
4	Gross proceeds in reserve funds									
5	Capitalized interest from proceeds									
6	Proceeds in refunding escrows									
7	Issuance costs from proceeds				4	09,145.	3	86,973.		
8	Credit enhancement from proceeds									
9	Working capital expenditures from proceeds									
10	Capital expenditures from proceeds						30,1	69,744.		
11	Other spent proceeds		20,70	00,000.	35,5	69,568.				
12	Other unspent proceeds						2,5	65,211.		
13	Year of substantial completion		2017	'	201	7				
			'es	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bond	ls (or,								
	if issued prior to 2018, a current refunding issue)?		X			X		X		
15	Were the bonds issued as part of a refunding issue of taxable bonds	(or, if								
	issued prior to 2018, an advance refunding issue)?			Х	X			X		
16	Has the final allocation of proceeds been made?		X		Х			Х		
17	Does the organization maintain adequate books and records to suppor	rt the								
	final allocation of proceeds?		X		X		X			
Ear D	anarwork Paduation Act Notice see the Instructions for Form 990			'						

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

Schedule K (Form 990) 2019

Inspection

Schedule K (Form 990) 2019

BOWDOIN COLLEGE **Private Business Use** Part III В C D Α Yes No Yes Νo No Yes Yes No Was the organization a partner in a partnership, or a member of an LLC. Х Х which owned property financed by tax-exempt bonds?.......... 2 Are there any lease arrangements that may result in private business use of Х Х Χ 3a Are there any management or service contracts that may result in private Χ Χ Χ **b** If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of X X X d If "Yes" to line 3c. does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . 4 Enter the percentage of financed property used in a private business use by entities % . 2000 % % other than a section 501(c)(3) organization or a state or local government ▶ 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization. % % another section 501(c)(3) organization, or a state or local government % .2000 % % Х Х Х Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a Χ Χ Χ nongovernmental person other than a 501(c)(3) organization since the bonds were issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or % % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations **9** Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? X Χ Part IV Arbitrage C Α В D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and No Yes Nο Yes No Yes No 2 If "No" to line 1, did the following apply? Χ Х Χ Χ X **b** Exception to rebate? Χ Х Χ If "Yes" to line 2c, provide in Part VI the date the rebate computation was X Χ

Schedule K (Form 990) 2019

01-0215213 BOWDOIN COLLEGE

Schedule K (Form 990) 2019 Page 3

Pai	rt IV Arbitrage (continued)								
			A	E	3	(3)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		Х		
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	Х		X		Х			
Pai	t V Procedures To Undertake Corrective Action								
			A	E	3	(2)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	X		X		Х			
Par	Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. Se	ee instruct	ions			

Schedule K (Form 990) 2019 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

TAX EXEMPT BONDS

PART I

ROW A, COLUMN F: DIRECT PLACEMENT REMARKETING OF S2008 ISSUED 03/24/2008

ROW B, COLUMN F: PARTIALLY ADVANCE REFUND 2009A ISSUED 05/14/2009

ROW C, COLUMN F: CONSTRUCTION

OTHER SPENT PROCEEDS

PART II, LINE 3, COLUMN C

THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS AND THE ISSUE PRICE IS THE

RESULT OF INTEREST EARNINGS.

PART II, LINE 11, COLUMNS A&B

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW.

LEASE ARRANGEMENT

PART III, LINE 2, COLUMN A

WHILE THERE ARE LEASES ASSOCIATED WITH THIS BOND FINANCED PROPERTY THE

EQUITY CONTRIBUTION TO EACH PROJECT EXCEEDS THE AMOUNT OF PRIVATE

BUSINESS USE.

Schedule K (Form 990) 2019 2656406

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

BOWDOIN COLLEGE

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

	(a) Nigger of discountified a consequent	(b) Relationship between disqualified person and	(-) December of the continu	(d) c	Correcte	ıd?
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	s N	0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year			_
	under section 4958		▶ \$			
3	Enter the amount of tax, if any, on lir	ne 2, above, reimbursed by the organization.	▶ \$			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	•					\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) N/A	N/A	9,945.	SCHOLARSHIP	BENEFIT
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

01-0215213 BOWDOIN COLLEGE

Schedule L (Form 990 or 990-EZ) 2019 Page 2

Business Transactions Involving Interested Persons. Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1)	DAUGHTER OF TRUSTEE	TRUSTEE- L. COTTON	98,000.	COMPENSATION		Х
(2)	SPOUSE OF KEY EMPLOYEE	KEY EMPLOYEE- S. HOOD	150,000.	COMPENSATION		Х
(3)	SPOUSE OF FMR KEY EMPLOYEE	FMR KEY EMPLOYEE- FOSTER	87,000.	COMPENSATION		Х
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

JSA 9E1507 1.000 8835BZ 1592

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name of the organization BOWDOIN COLLEGE Employer identification number 01-0215213

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art - Works of art	Х	735.	0.	SEE PART	II		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
-								
7 8	Boats and planes							
	Securities - Publicly traded		218.	9,644,000.	SEE PART	TT		
9			210.	2,011,000.	DEE TIME			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			15.
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			i
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accept	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?	-		•		32a		Х
b	If "Yes," describe in Part II.							
	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.				,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

CONTRIBUTIONS

PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

NON-CASH CONTRIBUTIONS

PART I, LINE 9

155 GIFTS OF PUBLICLY TRADED SECURITIES WERE VALUED AT FAIR MARKET VALUE.

63 PLANNED GIFTS WERE VALUED AT NET PRESENT VALUE.

ART - WORKS OF ART

PART I, LINE 33

THE COLLEGE DOES NOT RECOGNIZE REVENUE FOR CONTRIBUTIONS OF ART OBJECTS

OR BOOKS AND PUBLICATIONS.

Schedule M (Form 990) (2019)

9E1508 1.000

JSA

8835BZ 1592 2656406 PAGE 67

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

BOWDOIN COLLEGE

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 01-0215213

ORGANIZATION'S MISSION

CORE FORM 990, PART I, LINE 1 AND PART III, LINE 1

IT IS THE MISSION OF THE COLLEGE TO ENGAGE STUDENTS OF UNCOMMON PROMISE IN AN INTENSE FULL-TIME EDUCATION OF THEIR MINDS, EXPLORATION OF THEIR CREATIVE FACULTIES, AND DEVELOPMENT OF THEIR SOCIAL AND LEADERSHIP ABILITIES IN A FOUR-YEAR COURSE OF STUDY AND RESIDENCE THAT CONCLUDES WITH A BACCALAUREATE DEGREE IN THE LIBERAL ARTS.

FORM 990 REVIEW PROCESS

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

IN APRIL, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE PRESIDENT AND
THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER
FOR THOROUGH REVIEW IN ADVANCE OF REGULARLY SCHEDULED BOARD OF TRUSTEES
MEETINGS AND FILING WITH THE INTERNAL REVENUE SERVICE (IRS) IN MAY.

SUBSEQUENT TO THIS REVIEW, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE
CHAIRMAN OF THE BOARD AND THE CHAIR OF THE AUDIT, RISK, AND REPUTATION

COMMITTEE. ALL OTHER TRUSTEES ARE PROVIDED A PUBLIC DISCLOSURE COPY OF
FORM 990 FOR REVIEW. THE SCHEDULE B AS FILED WITH THE IRS IS AVAILABLE TO
ALL TRUSTEES, UPON REQUEST ONLY, AT THE BOARD OF TRUSTEES MEETINGS IN
MAY. THE FORM 990 IS FILED WITH THE IRS AFTER THE TRUSTEES REVIEW AND
APPROVE THE FORM AT THESE MEETINGS.

CONFLICT OF INTEREST POLICY

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

Name of the organization

BOWDOIN COLLEGE

01-0215213

THE COLLEGE SURVEYS ANNUALLY ALL MEMBERS OF THE BOARD, ALL OFFICERS OF INSTRUCTION, AND ALL OFFICERS OF ADMINISTRATION AS TO POTENTIAL CONFLICTS OF INTEREST. SURVEYS ARE REVIEWED BY THE PRESIDENT, THE SENIOR VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER, AND THE LEGAL OFFICER AND ASSISTANT SECRETARY OF THE COLLEGE. THE RESULTS OF THE SURVEY ARE REPORTED TO THE AUDIT, RISK, AND REPUTATION COMMITTEE AND TO THE BOARD OF TRUSTEES. ISSUES ARE DISCUSSED WITH LEGAL COUNSEL.

COMPENSATION POLICY

CORE FORM 990, PART VI, SECTION B, LINE 15

IN ACCORDANCE WITH TREASURY REGULATION 53.4958-6 THE EXECUTIVE COMMITTEE
OF THE BOARD OF TRUSTEES, ACTING AS A COMPENSATION COMMITTEE, ANNUALLY
REVIEWS AND APPROVES THE COMPENSATION OF THE PRESIDENT AND SENIOR
MANAGEMENT OFFICIALS. IN ALL CASES, THE EXECUTIVE COMMITTEE CONSIDERS
COMPENSATION SURVEYS AND COMPETITIVE MARKET DATA. FOR SENIOR MANAGEMENT,
THE PRESIDENT PROVIDES THE EXECUTIVE COMMITTEE WITH RECOMMENDED CHANGES
TO COMPENSATION LEVELS. THE EXECUTIVE COMMITTEE DOCUMENTS SUCH DECISIONS
IN ITS MINUTES WHERE APPROPRIATE.

PUBLIC DISCLOSURE

CORE FORM 990 PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.BOWDOIN.EDU/FINANCE/FINANCIAL-DOCUMENTS.

.000 8835BZ 1592 2656406 PAGE 69 Name of the organization

BOWDOIN COLLEGE

01-0215213

CORE FORM 990 PART XI, LINE 9

NET UNREALIZED LOSS ON INTEREST RATE SWAP (\$2,848,000)

POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST (\$2,516,000)

NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS (\$385,000)

LOSS ON ASSET RETIREMENT OBLIGATION (\$49,000)

UNAMORTIZED BOND ISSUE DISCOUNTS/COSTS (\$1,044,000)

UNCOLLECTIBLE PLEDGES (\$232,000)

TOTAL (\$7,074,000)

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
WRIGHT-RYAN CONSTRUCTION 10 DANFORTH STREET PORTLAND, ME 04101	CONST. SERVICES	9,647,757.
JF SCOTT CONSTRUCTION 20 ROYAL STREET WINTHROP, ME 04364	CONST. SERVICES	4,661,152.
ZACHAU CONSTRUCTION INC. 1185 US ROUTE ONE, PO BOX 1 FREEPORT, ME 04032	CONST. SERVICES	1,247,217.
HGA SDS 12-1861 PO BOX 86 MINNEAPOLIS, MN 55486	ARCHITECT/ENGINEER	1,047,268.
EBSCO INFORMATION SERVICES PO BOX 204661 DALLAS, TX 75320	LIBRARY SERVICES	764,320.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Internal Revenue Service

Name of the organization

Service

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

OMB No. 1545-0047

20 19

Open to Public Inspection

BOWDOIN COLLEGE

Employer identification number 01-0215213

Part I	Identification of Disregarded Entities.	Complete if the organization	answered "Yes" on	Form 990, Part l	V, line 33.
	(2)		(h)	(a)	(4)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) POLAR BEAR INVESTMENTS, LLC 04-3375078					
5400 COLLEGE STATION BRUNSWICK, ME 04011	INVESTMENTS	ME	3,503,292.	157478743.	BOWDOIN
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	(g) n 512(b)(13) ntrolled entity?	
						Yes	No	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		**		·			Yes	No		Yes	No	
(1) TP PARTNERSHIP 55-0648835												
P.O. BOX 770 ASHLAND, KY 41105	INVESTING	KY	N/A	EXCL. 512, 513, 514	0.	40,728.		Х		Х		56.0224
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

				,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(controll entity	n 13) led ?
								Yes N	
(1) POOLED INCOME FUNDS (3)									_
SEE PART VII	INVESTING		BOWDOIN	TRUST				х	
(2) CHARITABLE REMAINDER TRUSTS (14)									
SEE PART VII	INVESTING		BOWDOIN	TRUST				х	
(3)									
(4)									_
<u>(5)</u>									_
(6)									_
(7)									_

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Par	I ransactions with Related Organizations. Complete if the organization answered "You	es on Form 990, Pa	ITT IV, line 34, 35b, or 36.										
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				١	res No							
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X							
b	Gift, grant, or capital contribution to related organization(s)				1b	X							
	Gift, grant, or capital contribution from related organization(s).				1c	X							
	Loans or loan guarantees to or for related organization(s)				1d	X							
	Loans or loan guarantees by related organization(s)				1e	X							
f	Dividends from related organization(s)				1f	Х							
g	g Sale of assets to related organization(s)												
h	h Purchase of assets from related organization(s).												
i	Exchange of assets with related organization(s)												
j	j Lease of facilities, equipment, or other assets to related organization(s)												
k	k Lease of facilities, equipment, or other assets from related organization(s)												
ī	I Performance of services or membership or fundraising solicitations for related organization(s)												
m	m Performance of services or membership or fundraising solicitations by related organization(s).												
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
	• Sharing of paid employees with related organization(s)												
	3 1 1 7 3 (7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1												
р	Reimbursement paid to related organization(s) for expenses				1p	X							
	Reimbursement paid by related organization(s) for expenses				1q	X							
•													
r	Other transfer of cash or property to related organization(s)				1r	X							
s	Other transfer of cash or property from related organization(s)				1s	Х							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and trans	action thres	holds								
	(a)	(b)	(c)	Method o	(d)								
	Name of related organization	Transaction type (a-s)	Amount involved		nt invol								
(1)	POOLED INCOME FUND B	S	477,727.	FMV									
(2)	POOLED INCOME FUND C	S	190,383.	FMV									
(3)													
(4)													
(4)													
(5)													
(6)													

JSA

Schedule R (Form 990) 2019

Page 3

Schedule R (Form 990) 2019

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ninant related, excluded under i12-514) (e) Are all partners section 501(c)(3) organizations? Yes No		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin 1 partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No									
(1)																						
(2)																						
(3)		-																				
(4)		-																				
(5)		-																				
(6)		_																				
(7)																						
(8)																						
(9)																						
(10)		_																				
(11)		_																				
(12)																						
(13)																						
(14)																						
(15)																						
(16)																						
()		1																				

Schedule R (Form 990) 2019

Page 4

8835BZ 1592 2656406 PAGE 74

Schedule R (Form 990) 2019 Page **5**

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

POOLED INCOME FUNDS AND CHARITABLE REMAINDER TRUSTS DOMICILED

PART IV

THERE ARE 3 POOLED INCOME FUNDS REPORTED IN PART IV. ALL ARE DOMICILED IN MAINE. THERE ARE 14 CHARITABLE REMAINDER TRUSTS REPORTED IN PART IV. 10 ARE DOMICILED IN MAINE, 1 IN CONNECTICUT, 1 IN ILLINOIS, 1 IN NORTH CAROLINA AND 1 IN NEW YORK.

Schedule R (Form 990) 2019