

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable:	C Name of organization BOWDOIN COLLEGE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5400 COLLEGE STATION City or town, state or province, country, and ZIP or foreign postal code BRUNSWICK, ME 04011-8445 F Name and address of principal officer: SAFA ZAKI SAME AS C ABOVE	D Employer identification number 01-0215213 E Telephone number 207-721-5078 G Gross receipts \$ 620,496,000. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.BOWDOIN.EDU K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other L Year of formation: 1794 M State of legal domicile: ME		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>FOUR-YEAR PRIVATE UNDERGRADUATE LIBERAL ARTS COLLEGE. SEE SCHEDULE O</u>		
2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	3012
6	Total number of volunteers (estimate if necessary)	6	1740
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-974,000.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	49,006,000.
9	Program service revenue (Part VIII, line 2g)	9	142,176,000.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	219,551,000.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	1,045,000.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	411,778,000.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	55,513,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	123,872,000.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	2,000.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	8,572,000.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	76,200,000.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	255,587,000.
19	Revenue less expenses. Subtract line 18 from line 12	19	156,191,000.
20	Total assets (Part X, line 16)	20	3,102,956,000.
21	Total liabilities (Part X, line 26)	21	436,812,000.
22	Net assets or fund balances. Subtract line 21 from line 20	22	2,666,144,000.

Part II Signature Block

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

Sign Here	THIS IS SUPPORTING SCHEDULE	
Paid Preparer Use Only	Signature of officer REBECCA COREY, CONTROLLER Type or print name and title Print/Type preparer's name TARA KENNEY Preparer's signature Date Check if self-employed PTIN P01245482 Firm's name KPMG LLP Firm's EIN 13-5565207 Firm's address 60 SOUTH STREET, TWO FINANCIAL CENTER BOSTON, MA 02111 Phone no. 617-988-1000	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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.

4a (Code:) (Expenses \$ 233,800,000. including grants of \$ 57,711,000.) (Revenue \$ 150,775,000.)
 DURING FISCAL YEAR 2023, BOWDOIN ENROLLED 1,852 FULL-TIME EQUIVALENT
 (FTE) STUDENTS, NOT INCLUDING 125 FTE STUDENTS WHO STUDIED OFF CAMPUS;
 95% COMPLETE THE DEGREE WITHIN FIVE YEARS; THE STUDENT/FACULTY RATIO IS
 9:1; 98% OF FACULTY HAS A PH.D. OR EQUIVALENT. AS OF JUNE 2023, 42,950
 STUDENTS HAVE MATRICULATED AT BOWDOIN COLLEGE, AND 34,888 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 \$)

4e Total program service expenses 233,800,000.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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 "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c X	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27 X	
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 564	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3012		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country <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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X	
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 43 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 42		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 REBECCA COREY - (207) 721-5078
 5400 COLLEGE STATION, BRUNSWICK, ME 04011-8445

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) K. NILES BRYANT SVP/CHIEF INVESTMENTS OFFICER	40.00				X			1,804,690.	0.	69,494.
(2) BORIS RAYKIN DIRECTOR OF INVESTMENTS	40.00					X		927,163.	0.	41,918.
(3) PAGE MACHLIN DIRECTOR OF INVESTMENTS	40.00					X		826,139.	0.	43,287.
(4) CLAYTON ROSE PRESIDENT	40.00	X		X				676,428.	0.	104,562.
(5) MATTHEW ORLANDO SVP FINANCE & ADMIN/TREASURER	40.00			X				404,434.	0.	98,300.
(6) JENNIFER SCANLON SVP/DEAN FOR ACADEMIC AFFAIRS	40.00				X			366,215.	0.	113,324.
(7) STEPHANIE FROST SVP FOR DEVELOPMENT & AR	40.00				X			429,463.	0.	49,739.
(8) ASHLEY LABRECK ENDOWMENT CHIEF OP OFFICER	40.00					X		366,848.	0.	79,652.
(9) MICHAEL CATO SVP/CHIEF INFORMATION OFFICER	40.00				X			323,144.	0.	98,457.
(10) JANET LOHMANN SVP/DEAN FOR STUDENT AFFAIRS	40.00				X			300,555.	0.	102,842.
(11) MICHAEL ARCHIBALD VP FOR DEVELOPMENT & AR	40.00					X		298,024.	0.	70,147.
(12) SCOTT HOOD SVP FOR COMM & PUBLIC AFFAIRS	40.00				X			273,952.	0.	76,119.
(13) ANN OSTWALD ASSOC DEAN FOR ACAD ADMIN	40.00					X		309,797.	0.	25,162.
(14) CLAUDIA MARROQUIN SVP/DEAN ADMISSIONS & ST. AID	40.00				X			265,319.	0.	67,637.
(15) ELIZABETH ORLIC SVP/SPECIAL ASST TO THE PRES	40.00				X			250,516.	0.	82,253.
(16) ELIZABETH MCCORMACK FRMR SVP FOR ACADEMIC AFFAIRS	40.00						X	263,178.	0.	61,963.
(17) BENJE DOUGLAS SVP FOR INCLUSION & DIVERSITY	40.00				X			196,547.	0.	56,957.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT MEIKLEJOHN FRMR SVP FOR DEVELOPMENT & AR	40.00						X	197,736.	0.	36,838.
(19) CHRISTINA FINNERAN SVP/INSTITUTIONAL RESEARCH	40.00				X			170,514.	0.	62,605.
(20) MICHAEL REED FRMR SVP INCLUSION & DIVERSITY	40.00						X	208,978.	0.	0.
(21) SCOTT B. PERPER CHAIR	8.00	X		X				0.	0.	0.
(22) SYDNEY ASBURY VICE CHAIR	8.00	X		X				0.	0.	0.
(23) JENNIFER GOLDSMITH ADAMS TRUSTEE	4.00	X						0.	0.	0.
(24) JOSEPH ADU TRUSTEE	4.00	X						0.	0.	0.
(25) TEJUS AJMERA TRUSTEE	4.00	X						0.	0.	0.
(26) WILLIAM S. ANDERSON TRUSTEE	4.00	X						0.	0.	0.
1b Subtotal								8,859,640.	0.	1,341,256.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								8,859,640.	0.	1,341,256.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** 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*
- 5** 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*

	Yes	No
3	X	
4	X	
5		X

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
CONSIGLI CONSTRUCTION CO., INC. 72 SUMNER STREET, MILFORD, MA 01757	CONST. SERVICES	9,385,503.
INCLINE ALCHEMY, INC., PO BOX 1058, 160 ALAMO PLAZA, ALAMO, CA 94507	SOFTWARE SERVICES	1,303,360.
HGA, SDS 12-1861, PO BOX 86, MINNEAPOLIS, MN 55486	ARCHITECT/ENGINEER	1,186,475.
CIGNA PO BOX 644546, PITTSBURGH, PA 15264	BENEFITS ADMIN FEES	991,827.
EBSCO INFORMATION SERVICES PO BOX 830625, BIRMINGHAM, AL 35283	LIBRARY SERVICES	856,980.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KAYLA D. BAKER TRUSTEE	4.00	X						0.	0.	0.
(28) KATIE R. BENNER TRUSTEE	4.00	X						0.	0.	0.
(29) PETER J. BERNARD TRUSTEE	4.00	X						0.	0.	0.
(30) ARTHUR E. BLACK TRUSTEE	4.00	X						0.	0.	0.
(31) RONALD C. BRADY TRUSTEE	4.00	X						0.	0.	0.
(32) DAVID G. BROWN TRUSTEE	4.00	X						0.	0.	0.
(33) ELLEN L. P. CHAN TRUSTEE	4.00	X						0.	0.	0.
(34) RUSSELL C. CRANDALL TRUSTEE	4.00	X						0.	0.	0.
(35) MICHELE G. CYR TRUSTEE	4.00	X						0.	0.	0.
(36) JULIA L. DAVIDSON TRUSTEE	4.00	X						0.	0.	0.
(37) JEFF D. EMERSON TRUSTEE	4.00	X						0.	0.	0.
(38) ROBERT T. FRIEDMAN TRUSTEE	4.00	X						0.	0.	0.
(39) BERTRAND GARCIA-MORENO TRUSTEE	4.00	X						0.	0.	0.
(40) SHELLEY A. HEARNE TRUSTEE	4.00	X						0.	0.	0.
(41) KATHRYN ROCHE HOPE TRUSTEE	4.00	X						0.	0.	0.
(42) TASHA VANDERLINDE IRVING TRUSTEE	4.00	X						0.	0.	0.
(43) TYREE P. JONES, JR. TRUSTEE	4.00	X						0.	0.	0.
(44) ANN HAMBELTON KENYON TRUSTEE	4.00	X						0.	0.	0.
(45) GEORGE A. KHALDUN TRUSTEE	4.00	X						0.	0.	0.
(46) HOLLY E. MALONEY TRUSTEE	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOSEPH V. MCDEVITT, JR. TRUSTEE	4.00	X						0.	0.	0.
(48) JOHN F. MCQUILLAN, JR. TRUSTEE	4.00	X						0.	0.	0.
(49) JANE L. PINCHIN TRUSTEE	4.00	X						0.	0.	0.
(50) MARY HOGAN PREUSSE TRUSTEE	4.00	X						0.	0.	0.
(51) KIMBERLY FOSTER PRICE TRUSTEE	4.00	X						0.	0.	0.
(52) ALISON E. RUNDLETT TRUSTEE	4.00	X						0.	0.	0.
(53) JOAN BENOIT SAMUELSON TRUSTEE	4.00	X						0.	0.	0.
(54) PHILIP W. SCHILLER TRUSTEE	4.00	X						0.	0.	0.
(55) ANDREW E. SERWER TRUSTEE	4.00	X						0.	0.	0.
(56) DIANA L. SPAGNUOLO TRUSTEE	4.00	X						0.	0.	0.
(57) R. STEWART STRAWBRIDGE TRUSTEE	4.00	X						0.	0.	0.
(58) JOHN K. L. THORNDIKE TRUSTEE	4.00	X						0.	0.	0.
(59) KAREN N. WALKER TRUSTEE	4.00	X						0.	0.	0.
(60) PAULA M. WARDYNSKI TRUSTEE	4.00	X						0.	0.	0.
(61) DAVID P. WHEELER TRUSTEE	4.00	X						0.	0.	0.
(62) MITCHELL S. ZUKLIE TRUSTEE	4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,900,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	49,185,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,068,000.				
	h Total. Add lines 1a-1f			59,085,000.			
Program Service Revenue	2 a TUITION AND FEES	Business Code	611710	113,883,000.	113,883,000.		
	b ROOM AND BOARD		611710	29,551,000.	29,551,000.		
	c AUXILIARY ENTERPRISES		611710	4,542,000.	4,286,000.	256,000.	
	d OFF-CAMPUS STUDY		611710	354,000.	354,000.		
	e APPLICATION FEES		611710	185,000.	185,000.		
	f All other program service revenue		611710	994,000.	994,000.		
	g Total. Add lines 2a-2f			149,509,000.			
	3 Investment income (including dividends, interest, and other similar amounts)			11,397,000.		-2,217,000.	13,614,000.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross rents	6a	(i) Real 34,000.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	34,000.				
	d Net rental income or (loss)			34,000.	34,000.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities 399,165,000.	(ii) Other 74,000.			
	b Less: cost or other basis and sales expenses	7b	265,203,000.	45,000.			
	c Gain or (loss)	7c	133,962,000.	29,000.			
	d Net gain or (loss)			133,991,000.		987,000.	133,004,000.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	611710	934,000.	934,000.		
	b REUNION WEEKEND		611710	298,000.	298,000.		
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			1,232,000.			
	12 Total revenue. See instructions			355,248,000.	150,519,000.	-974,000.	146,618,000.

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	679,000.	679,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,601,000.	56,601,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	431,000.	431,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,953,000.	2,777,000.	3,530,000.	646,000.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	182,000.		182,000.	
7 Other salaries and wages	93,823,000.	76,805,000.	12,175,000.	4,843,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,435,000.	7,760,000.	1,155,000.	520,000.
9 Other employee benefits	14,036,000.	11,808,000.	1,478,000.	750,000.
10 Payroll taxes	6,941,000.	5,609,000.	938,000.	394,000.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,038,000.		1,038,000.	
c Accounting	564,000.		564,000.	
d Lobbying	23,900.		23,900.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	428,000.		428,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	7,576,000.	5,474,000.	1,764,000.	338,000.
12 Advertising and promotion	135,000.	28,000.	107,000.	
13 Office expenses	6,425,000.	4,762,000.	1,106,000.	557,000.
14 Information technology	6,621,000.	4,411,000.	2,210,000.	
15 Royalties				
16 Occupancy	7,437,000.	5,933,000.	1,504,000.	
17 Travel	5,500,000.	4,621,000.	583,000.	296,000.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,338,000.	1,039,000.	119,000.	180,000.
20 Interest	13,990,000.	13,151,000.	839,000.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,660,000.	16,600,000.	1,060,000.	
23 Insurance	1,103,000.	949,000.	154,000.	
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.)				
a PURCHASES FOR RESALE	4,861,000.	4,861,000.		
b FACILITIES, MAINT, REP	3,881,000.	3,687,000.	194,000.	
c LIBRARY MATERIALS	3,502,000.	3,502,000.		
d EQP RENTAL, MAINT, REP	1,492,000.	1,358,000.	125,000.	9,000.
e All other expenses	2,719,100.	954,000.	1,726,100.	39,000.
25 Total functional expenses. Add lines 1 through 24e	275,375,000.	233,800,000.	33,003,000.	8,572,000.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	120,445,000.	2	115,150,000.
	3 Pledges and grants receivable, net	52,463,000.	3	50,116,000.
	4 Accounts receivable, net	2,096,000.	4	3,554,000.
	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.
	7 Notes and loans receivable, net	1,090,000.	7	796,000.
	8 Inventories for sale or use	1,639,000.	8	1,623,000.
	9 Prepaid expenses and deferred charges	5,258,000.	9	5,494,000.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 602,629,000.		
	b Less: accumulated depreciation	10b 239,813,000.		
		343,741,000.	10c	362,816,000.
	11 Investments - publicly traded securities	113,961,000.	11	101,913,000.
	12 Investments - other securities. See Part IV, line 11	2,435,387,000.	12	2,379,518,000.
	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	26,876,000.	15	27,918,000.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,102,956,000.	16	3,048,898,000.	
Liabilities	17 Accounts payable and accrued expenses	25,906,000.	17	25,747,000.
	18 Grants payable	719,000.	18	366,000.
	19 Deferred revenue	1,202,000.	19	1,169,000.
	20 Tax-exempt bond liabilities	85,493,000.	20	84,597,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	26,000.	21	25,000.
	22 Loans and other 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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	7,500,000.	23	3,000,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	315,966,000.	25	314,900,000.
	26 Total liabilities. Add lines 17 through 25	436,812,000.	26	429,804,000.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	300,727,000.	27	308,145,000.
	28 Net assets with donor restrictions	2,365,417,000.	28	2,310,949,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,666,144,000.	32	2,619,094,000.	
33 Total liabilities and net assets/fund balances	3,102,956,000.	33	3,048,898,000.	

Form **990** (2022)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	355,248,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,375,000.
3	Revenue less expenses. Subtract line 2 from line 1	3	79,873,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,666,144,000.
5	Net unrealized gains (losses) on investments	5	-127,046,000.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	123,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,619,094,000.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2022)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number	
--------------------------------	--

01-0215213

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,950,000.	71,378,000.	38,857,000.	49,006,000.	59,085,000.	265,276,000.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	46,950,000.	71,378,000.	38,857,000.	49,006,000.	59,085,000.	265,276,000.
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)						8,193,783.
6 Public support. Subtract line 5 from line 4.						257,082,217.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	46,950,000.	71,378,000.	38,857,000.	49,006,000.	59,085,000.	265,276,000.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,670,000.	15,038,000.	13,266,000.	6,721,000.	13,648,000.	65,343,000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,082,000.	6,584,000.		7,666,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		25,000.		43,000.		68,000.
11 Total support. Add lines 7 through 10						338,353,000.
12 Gross receipts from related activities, etc. (see instructions)					12	661,942,000.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	75.98 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	74.39 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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		

Section 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI**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, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING RECEIPTS

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 25,000.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 43,000.

2022 AMOUNT: \$ 0.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Organization type (check one):

Filers of:

Section:

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

☒ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
BOWDOIN COLLEGE	01-0215213

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,005,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 11,058,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,125,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,630,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BOWDOIN COLLEGE	01-0215213

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,601,514.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
BOWDOIN COLLEGE	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
6	PUBLICLY TRADED SECURITIES	\$ 1,015,997.	08/29/22
6	PUBLICLY TRADED SECURITIES	\$ 209,610.	09/23/22
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
BOWDOIN COLLEGE	01-0215213

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b 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?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		23,900.
j Total. Add lines 1c through 1i			23,900.
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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1I:

THE ORGANIZATION PAYS MEMBERSHIP DUES TO ASSOCIATIONS WHICH MAY ENGAGE

IN LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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):

- a** ☒ Public exhibition **d** ☒ Loan or exchange program
- b** ☒ Scholarly research **e** ☐ Other _____
- c** ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,472,818,000.	2,718,438,000.	1,780,970,000.	1,743,671,000.	1,628,165,000.
b Contributions	39,479,000.	33,193,000.	21,252,000.	18,977,000.	17,810,000.
c Net investment earnings, gains, and losses	13,066,000.	-189,622,000.	1,004,524,000.	99,255,000.	173,843,000.
d Grants or scholarships	42,432,000.	37,956,000.	35,295,000.	32,721,000.	30,565,000.
e Other expenditures for facilities and programs	50,468,000.	44,283,000.	42,401,000.	39,635,000.	37,087,000.
f Administrative expenses	10,262,000.	6,952,000.	10,612,000.	8,577,000.	8,495,000.
g End of year balance	2,422,201,000.	2,472,818,000.	2,718,438,000.	1,780,970,000.	1,743,671,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 8.3072 %
- b** Permanent endowment 91.6928 %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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 other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,515,000.		7,515,000.
b Buildings		497,524,000.	178,967,000.	318,557,000.
c Leasehold improvements		6,397,000.	2,962,000.	3,435,000.
d Equipment		50,533,000.	44,492,000.	6,041,000.
e Other		40,660,000.	13,392,000.	27,268,000.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				362,816,000.

Schedule D (Form 990) 2022

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	22,298,000.	END-OF-YEAR MARKET VALUE
(B) EQUITIES	466,680,000.	END-OF-YEAR MARKET VALUE
(C) ABSOLUTE RETURN	746,900,000.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	1,143,640,000.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,379,518,000.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY: POST-RETIREMENT BENEFITS	18,607,000.
(3) ASSET RETIREMENT OBLIGATION	1,570,000.
(4) LIABILITY FOR PV OF LIFE INCOME	12,566,000.
(5) FAIR VALUE OF INTEREST RATE SWAP	2,768,000.
(6) DEFERRED TAX LIABILITY	10,000,000.
(7) EXCISE TAX LIABILITY	810,000.
(8) TAXABLE BOND LIABILITIES	255,906,000.
(9) OPERATING/FINANCING LEASE LIAB	12,673,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	314,900,000.

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 ☒

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	219,993,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-127,046,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	123,000.
e	Add lines 2a through 2d	2e	-126,923,000.
3	Subtract line 2e from line 1	3	346,916,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,262,000.
b	Other (Describe in Part XIII.)	4b	-1,930,000.
c	Add lines 4a and 4b	4c	8,332,000.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	355,248,000.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	267,043,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	267,043,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,262,000.
b	Other (Describe in Part XIII.)	4b	-1,930,000.
c	Add lines 4a and 4b	4c	8,332,000.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	275,375,000.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

ORGANIZATIONS MAINTAINING COLLECTIONS:

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.

PART III, LINE 4:

ORGANIZATION'S COLLECTIONS:

COLLEGE COLLECTIONS ARE PRIMARILY ART OBJECTS HELD FOR PUBLIC EXHIBITION

AND EDUCATION.

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

CUSTODIAL ACCOUNTS:

THE COLLEGE HOLDS \$25,000 OF SECURITY DEPOSITS ON ITS RENTAL PROPERTIES.

PART V, LINE 4:

ENDOWMENT FUNDS:

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 2023 WERE AS

FOLLOWS: FINANCIAL AID 47.1%; FACULTY COMPENSATION, ACADEMIC PROGRAMS AND

RESEARCH 23.8%; GENERAL OPERATIONS 17.7%; LIBRARY AND MUSEUM PROGRAM

SUPPORT 5.8%.

PART X, LINE 2:

FIN 48 (ASC 740) FOOTNOTE:

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NET UNREALIZED GAIN ON INTEREST RATE SWAP 1,249,000.

POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST -1,422,000.

NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS 1,251,000.

LOSS ON ASSET RETIREMENT OBLIGATION -73,000.

Part XIII Supplemental Information *(continued)*

UNCOLLECTIBLE PLEDGES -882,000.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 123,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DEFERRED & EXCISE TAX LIABILITIES -1,930,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DEFERRED & EXCISE TAX LIABILITIES -1,930,000.

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I

- 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?
- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3** Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II
- SEE PART II
-
-
-
- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- 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:
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.
-
-
-
- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" on either line 6a or line 6b, explain on Part II.
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	X	
2	X	
3		X
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

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

Schedule E (Form 990) 2022

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

LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:

THE ORGANIZATION MEETS THE CRITERIA ESTABLISHED IN SECTION

4.0 REVENUE PROCEDURE 75-50. THE COLLEGE DRAWS A SUBSTANTIAL

PERCENTAGE OF ITS STUDENTS NATIONWIDE AND WORLDWIDE AND

FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY. IT SATISFIES

THE PUBLICITY REQUIREMENT BY INCLUDING A STATEMENT OF ITS

RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ALL ITS BROCHURES AND

CATALOGS DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS. IT

ALSO REFERENCES ITS RACIALLY NONDISCRIMINATORY POLICY IN OTHER WRITTEN

ADVERTISING THAT IT USES AS A MEANS OF INFORMING PROSPECTIVE STUDENTS OF

ITS PROGRAMS.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

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

PROGRAMS.

LINE 6 - EXPLANATION OF ASSISTANCE FROM A GOVERNMENTAL AGENCY:

THE COLLEGE RECEIVED REIMBURSEMENTS FROM THE FEDERAL EMERGENCY MANAGEMENT

AGENCY FOR COSTS ASSOCIATED WITH COVID-19 DIAGNOSTIC TESTING OF STUDENTS,

FACULTY, AND STAFF.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

1 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 award the grants or assistance? ☒ **Yes** ☐ **No**

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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, 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
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		431,000.
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1058198000.
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		25,623,000.
SUB-SAHARAN AFRICA			INVESTMENTS		49,370,000.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SEE PART V	18,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SEE PART V	128,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	STUDENT RECRUITMENT	9,000.
NORTH AMERICA			PROGRAM SERVICES	SEE PART V	66,000.
3 a Subtotal	0	0			1133843000.
b Total from continuation sheets to Part I	1	22			270,000.
c Totals (add lines 3a and 3b)	1	22			1134113000.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROGRAM SERVICES	STUDENT RECRUITMENT	1,000.
NORTH AMERICA	1	22	PROGRAM SERVICES	SCIENTIFIC STATION	223,000.
SOUTH AMERICA			PROGRAM SERVICES	SEE PART V	6,000.
SOUTH AMERICA			PROGRAM SERVICES	STUDENT RECRUITMENT	2,000.
SOUTH ASIA			PROGRAM SERVICES	SEE PART V	2,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)			FUNDRAISING		4,000.
NORTH AMERICA			FUNDRAISING		2,000.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	SEE PART V	6,000.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SEE PART V	4,000.
EAST ASIA AND THE PACIFIC			INVESTMENTS		7,000.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA			INVESTMENTS		13,000.
Totals	1	22			270,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)

- 2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ►
- 3** Enter total number of other organizations or entities ►

Part III can be duplicated if additional space is needed.

[illegible]

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)* ☒ **Yes** ☐ **No**
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ **Yes** ☒ **No**
- 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)* ☒ **Yes** ☐ **No**
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *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)* ☒ **Yes** ☐ **No**
- 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)* ☒ **Yes** ☐ **No**
- 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** ☒ **No**

Schedule F (Form 990) 2022

Part V Supplemental Information

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

PART I, LINE 2:

MONITOR THE USE OF GRANT FUNDS:

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.

PART I, LINE 3, COLUMN E:

PROGRAM SERVICES ACTIVITY:

PROGRAM SERVICES ACTIVITY INCLUDES STUDENT EDUCATION RELATED TRAVEL,

FACULTY AND STAFF PROFESSIONAL DEVELOPMENT, RESEARCH, AND RELATED

TRAVEL.

PART I, LINE 3, COLUMN F:

BASIS OF ACCOUNTING:

THE BASIS OF ACCOUNTING ON THE FINANCIAL STATEMENTS IS ACCRUAL.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TOWN OF BRUNSWICK 85 UNION STREET BRUNSWICK, ME 04011	APPLIED FOR	GOV'T	485,780.	0.			CONTRIBUTION
FIRST PARISH CHURCH 9 CLEVELAND STREET BRUNSWICK, ME 04011	13-1957221	501(C)(3)	50,000.	0.			CONTRIBUTION
BRUNSWICK DOWNTOWN ASSOCIATION PO BOX 15 BRUNSWICK, ME 04011	75-3131242	501(C)(3)	25,450.	0.			CONTRIBUTION
TOWN OF HARPSWELL PO BOX 39 HARPSWELL, ME 04079	APPLIED FOR	GOV'T	20,600.	0.			CONTRIBUTION
SMITHSONIAN INSTITUTION 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	53-0206027	501(C)(3)	10,000.	0.			CONTRIBUTION
SIX RIVERS YOUTH SPORTS INC PO BOX 254 TOPSHAM, ME 04086	88-0878967	501(C)(3)	10,000.	0.			CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2022

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 noncash assistance
FINANCIAL ASSISTANCE FOR UNDERGRADUATE STUDENTS	1000	53,579,000.	0.		
STUDENT RESEARCH FELLOWSHIPS	742	2,406,000.	0.		
GRAD. STUDENT FINANCIAL AID & POST GRAD. AWARDS	92	473,000.	0.		
ACADEMIC ACHIEVEMENT & OTHER STUDENT AWARDS	353	143,000.	0.		

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

PART I, LINE 2:

MONITOR THE USE OF GRANT FUNDS:

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

Part IV Supplemental Information

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Questions Regarding Compensation

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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 in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) K. NILES BRYANT SVP/CHIEF INVESTMENTS OFFICER	(i)	601,850.	1,200,000.	2,840.	40,188.	29,306.	1,874,184.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BORIS RAYKIN DIRECTOR OF INVESTMENTS	(i)	458,438.	466,875.	1,850.	40,188.	1,730.	969,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAGE MACHLIN DIRECTOR OF INVESTMENTS	(i)	375,000.	450,000.	1,139.	40,188.	3,099.	869,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CLAYTON ROSE PRESIDENT	(i)	569,682.	0.	106,746.	48,317.	56,245.	780,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW ORLANDO SVP FINANCE & ADMIN/TREASURER	(i)	387,004.	0.	17,430.	69,160.	29,140.	502,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SCANLON SVP/DEAN FOR ACADEMIC AFFAIRS	(i)	342,766.	0.	23,449.	74,254.	39,070.	479,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE FROST SVP FOR DEVELOPMENT & AR	(i)	377,390.	0.	52,073.	22,906.	26,833.	479,202.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ASHLEY LABRECK ENDOWMENT CHIEF OF OFFICER	(i)	190,664.	175,500.	684.	49,922.	29,730.	446,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL CATO SVP/CHIEF INFORMATION OFFICER	(i)	311,107.	0.	12,037.	69,716.	28,741.	421,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JANET LOHMANN SVP/DEAN FOR STUDENT AFFAIRS	(i)	282,436.	0.	18,119.	75,075.	27,767.	403,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL ARCHIBALD VP FOR DEVELOPMENT & AR	(i)	294,792.	0.	3,232.	44,758.	25,389.	368,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SCOTT HOOD SVP FOR COMM & PUBLIC AFFAIRS	(i)	259,138.	0.	14,814.	62,540.	13,579.	350,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ANN OSTWALD ASSOC DEAN FOR ACAD ADMIN	(i)	91,719.	0.	218,078.	18,979.	6,183.	334,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CLAUDIA MARROQUIN SVP/DEAN ADMISSIONS & ST. AID	(i)	254,412.	0.	10,907.	55,574.	12,063.	332,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ELIZABETH ORLIC SVP/SPECIAL ASST TO THE PRES	(i)	237,744.	0.	12,772.	59,708.	22,545.	332,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ELIZABETH MCCORMACK FRMR SVP FOR ACADEMIC AFFAIRS	(i)	258,602.	0.	4,576.	36,145.	25,818.	325,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) BENJE DOUGLAS	(i)	195,130.	0.	1,417.	31,694.	25,263.	253,504.	0.
SVP FOR INCLUSION & DIVERSITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SCOTT MEIKLEJOHN	(i)	148,526.	0.	49,210.	22,523.	14,315.	234,574.	0.
FRMR SVP FOR DEVELOPMENT & AR	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CHRISTINA FINNERAN	(i)	159,417.	0.	11,097.	39,302.	23,303.	233,119.	0.
SVP/INSTITUTIONAL RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MICHAEL REED	(i)	0.	0.	208,978.	0.	0.	208,978.	0.
FRMR SVP INCLUSION & DIVERSITY	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:**BENEFITS:****FIRST CLASS TRAVEL:**

A KEY EMPLOYEE FLEW ONE FLIGHT IN FIRST CLASS. PER THE COLLEGE'S EXPENSE

REIMBURSEMENT POLICY, AIR TRAVEL IS GENERALLY REIMBURSED FOR COACH AIRFARE

ONLY. THE POLICY PERMITS UPGRADES IN CERTAIN SITUATIONS AND WITH PRIOR

APPROVAL. APPROVED UPGRADES ARE NOT INCLUDED IN TAXABLE COMPENSATION.

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:

A FORMER KEY EMPLOYEE RECEIVED A GROSS-UP PAYMENT ON A TAXABLE LENGTH OF

SERVICE AWARD. A HIGHEST COMPENSATED EMPLOYEE RECEIVED A GROSS-UP PAYMENT

ON A TAXABLE LENGTH OF SERVICE AWARD.

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.

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.

PART I, LINE 4A:

SEVERANCE OR CHANGE OF CONTROL PAYMENTS:

A FORMER KEY EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT \$208,978.

A FORMER KEY EMPLOYEE WILL RECEIVE SUPPLEMENTAL WAGES IN CALENDAR YEARS

2023 AND 2024, IN THE AMOUNT \$150,000 FOR EACH YEAR.

A HIGHEST COMPENSATED EMPLOYEE RECEIVED SUPPLEMENTAL WAGES IN THE AMOUNT

\$191,000.

PART I, LINE 7:

THREE HIGHEST COMPENSATED EMPLOYEES RECEIVED A BONUS WHICH WAS DETERMINED

AT THE DISCRETION OF A KEY EMPLOYEE.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022
Open to Public
Inspection

Name of the organization <div align="center">BOWDOIN COLLEGE</div>	Employer identification number <div align="center">01-0215213</div>
---	--

Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A MAINE HHEFA	01-0314384	NONEAVAIL	04/03/17	20,700,000.	REISSUE-2008 BOND		X		X		X
B MAINE HHEFA	01-0314384	56042RPK2	12/28/17	35,978,713.	ADVANCE REFUNDING		X		X		X
C MAINE HHEFA	01-0314384	56042RSC7	11/29/18	32,389,091.	CONSTRUCTION		X		X		X
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired					1,530,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	20,700,000.		35,978,713.		33,121,980.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			409,145.		386,973.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds					32,735,007.					
11 Other spent proceeds	20,700,000.		35,569,568.							
12 Other unspent proceeds										
13 Year of substantial completion	2017		2017		2021					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (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)?		X	X			X				
16 Has the final allocation of proceeds been made?	X		X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Schedule K (Form 990) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X			X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		.18 %		.00 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		.00 %		.00 %			
6 Total of lines 4 and 500 %		.18 %		.00 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e 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		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations 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		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

PART I BONDS A, B, C COLUMN (A):

THE ISSUER NAME IS MAINE HEALTH AND HIGHER EDUCATIONAL FACILITIES
AUTHORITY

PART I BOND A COLUMN (F):

THE ISSUE IS A DIRECT PLACEMENT REMARKETING OF THE SERIES 2008 ISSUED
03/24/2008

PART I BOND B COLUMN (F):

PARTIALLY ADVANCE REFUND 2009A ISSUED 05/14/2009

PART I BOND C COLUMN (F):

FINANCE CONSTRUCTION, RENOVATION AND EQUIPPING OF FACILITIES, OWNED OR
TO BE OWNED BY THE INSTITUTION AND LOCATED ON ITS CAMPUS IN BRUNSWICK,
MAINE, INCLUDING SEVERAL UPPER-CLASS HOUSING BUILDINGS AND A NEW
ACADEMIC BUILDING CONTAINING LARGE FLEXIBLE CLASSROOMS, A CINEMA, AND
AN EVENT SPACE.

PART II, LINE 11 COLUMN A, B:

THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS OF THE ISSUE NO

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

LONGER IN ESCROW.

PART II, LINE 3 COLUMN C:

THE DIFFERENCE BETWEEN THE TOTAL PROCEEDS AND THE ISSUE PRICE IS DUE TO
INTEREST EARNINGS ON PROJECT FUNDS IN THE AMOUNT \$732,889.

PART III, LINE 4, COLUMN A:

THE EQUITY CONTRIBUTION TO THE PROJECT IS GREATER THAN THE THIRD PARTY
USE OF THE SPACE SO THERE IS NO PRIVATE BUSINESS USE.

PART IV, LINE 2C, COLUMN A:

THE CALCULATION FOR ARBITRAGE REBATE WAS COMPLETED ON 05/03/2022.

PART IV, LINE 2C COLUMN B:

THE CALCULATION FOR ARBITRAGE REBATE WAS COMPLETED ON 11/29/2021.

PART IV, LINE 2C COLUMN C:

THE CALCULATION FOR ARBITRAGE REBATE WAS COMPLETED ON 12/28/2021.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

2022

**Open To Public
Inspection**

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 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	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

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
N/A	N/A	10,875.	SCHOLARSHIP	BENEFIT

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involving Interested Persons.

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	(e) Sharing of organization's revenues?	
				Yes	No
SPOUSE OF OFFICER	OFFICER: M. ORLANDO	17,000.	COMPENSATIO		X
SPOUSE OF KEY EMPLOYEE	KEY EMP: S. HOOD	165,000.	COMPENSATIO		X

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SPOUSE OF OFFICER

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

(A) NAME OF PERSON: SPOUSE OF KEY EMPLOYEE

(D) DESCRIPTION OF TRANSACTION: COMPENSATION

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

Part I 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	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	731		SEE PART II
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	196	3,068,000.	SEE PART II
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

7

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2022

Part II **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.

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

PART I, LINE 9:

185 GIFTS OF PUBLICLY TRADED SECURITIES WERE VALUED AT FAIR MARKET

VALUE.

11 PLANNED GIFTS WERE VALUED AT NET PRESENT VALUE.

PART I, LINE 33:

ART - WORKS OF ART:

THE COLLEGE DOES NOT RECOGNIZE REVENUE FOR CONTRIBUTIONS OF ART OBJECTS

OR BOOKS AND PUBLICATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

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2022

Open to Public
Inspection

Name of the organization

BOWDOIN COLLEGE

Employer identification number

01-0215213

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

ORGANIZATION'S MISSION:

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. THE FULL TEXT OF THE

COLLEGE'S MISSION STATEMENT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE

AT [HTTPS://WWW.BOWDOIN.EDU/ABOUT/MISSION/INDEX.HTML](https://www.bowdoin.edu/about/mission/index.html).

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

FORM 990 REVIEW PROCESS:

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.

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

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

Schedule O (Form 990) 2022

Name of the organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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CONFLICT OF INTEREST POLICY:

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 COLLEGE'S LEGAL OFFICER. THE RESULTS OF THE SURVEY ARE REPORTED TO THE AUDIT, RISK, AND REPUTATION COMMITTEE AND TO THE BOARD OF TRUSTEES. THE COLLEGE'S LEGAL OFFICER MANAGES ALL CONFLICTS BY APPROPRIATE MEANS, INCLUDING BUT NOT LIMITED TO, BY REQUIRING BOARD MEMBERS TO RECUSE THEMSELVES FROM VOTING.

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

COMPENSATION POLICY:

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.

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

PUBLIC DISCLOSURE:

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 [HTTPS://WWW.BOWDOIN.EDU/FINANCE/FINANCIAL-DOCUMENTS/INDEX.HTML](https://www.bowdoin.edu/finance/financial-documents/index.html).

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET UNREALIZED GAIN ON INTEREST RATE SWAP	1,249,000.
---	------------

POSTRETIREMENT-RELATED CHANGES OTHER THAN NET PERIODIC COST	-1,422,000.
---	-------------

NET CHANGE IN ANNUITY AND LIFE INCOME FUNDS	1,251,000.
---	------------

LOSS ON ASSET RETIREMENT OBLIGATION	-73,000.
-------------------------------------	----------

UNCOLLECTIBLE PLEDGES	-882,000.
-----------------------	-----------

TOTAL TO FORM 990, PART XI, LINE 9	123,000.
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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization BOWDOIN COLLEGE	Employer identification number 01-0215213
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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
POLAR BEAR INVESTMENTS, LLC - 04-3375078 5400 COLLEGE STATION BRUNSWICK, ME 04011	INVESTMENTS	MAINE	8,335,874.	195,962,340.	BOWDOIN

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022

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

(a) 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	
TP PARTNERSHIP - 55-0648835 565 FIFTH AVENUE, 19TH FL NEW YORK, NY 10017	INVESTING	NY	N/A	EXCL. 512, 513, 514	0.	40,681.		X	N/A	X		56.02%
VERSO OPPORTUNITIES FUND LP - 87-4310965, 1700 MONTGOMERY STREET, SUITE 108, SAN FRANCISCO, CA 94111	INVESTING	CA	N/A	EXCL. 512, 513, 514	333,928.	16,839,488.		X	N/A	X		57.16%

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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
POOLED INCOME FUNDS (3) SEE PART VII BRUNSWICK, ME 04011	INVESTING	ME	BOWDOIN	TRUST				X	
CHARITABLE REMAINDER TRUSTS (17) SEE PART VII BRUNSWICK, ME 04011	INVESTING	ME	BOWDOIN	TRUST				X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q 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	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POOLED INCOME FUND A	S	85,884.	FMV
(2) POOLED INCOME FUND B	S	361,273.	FMV
(3) POOLED INCOME FUND C	S	243,023.	FMV
(4) CHARITABLE REMAINDER TRUST	S	270,106.	FMV
(5)			
(6)			

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.

[illegible]

Part VII Supplemental Information

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

PART IV:**POOLED INCOME FUNDS AND CHARITABLE REMAINDER TRUSTS DOMICILED:**

THERE ARE 3 POOLED INCOME FUNDS REPORTED IN PART IV. ALL ARE DOMICILED

IN MAINE. THERE ARE 17 CHARITABLE REMAINDER TRUSTS REPORTED IN PART IV.

11 ARE DOMICILED IN MAINE, 1 IN CALIFORNIA, 1 IN CONNECTICUT, 1 IN

ILLINOIS, 1 IN NEW JERSEY, 1 IN NEW YORK AND 1 IN NORTH CAROLINA.