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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public

A Fo	r the 2	2008 cale	endar yea	r, or tax year beginning (07-01-2008	and ending 06-3	0-2009			·
B Ch	eck ıf a _l	pplicable	Please	C Name of organization The Trustees of Mount Hol	voka Collaga				D Employer i	dentification number
┌ Ad	dress ch	nange	use IRS label or		yoke college				04-21035	
Г№	me chai	nge I	print or	Doing Business As Mount Holyoke College					E Telephone	number
┌ Inı	tıal retui		type. See Specific	Number and street (or P O) hox if mail is	not delivered to stree	t address)	Room/suite	(413) 538	
Гте	minatio		Instruc- tions.	50 College Street	box ii maii is	not delivered to street	t dadress,	Room, saice	G Gross recei	pts \$ 256,205,025
☐ Am	nended i	return		City or town, state or coun	ntry, and ZIP +	4			1	
_		n pending		South Hadley, MA 01075	,					
, 7	plication	Pending	- N	(5)	10.55		-			
				ne and address of Princij Creighton	pai O micer				ıs a group retu ates?	rn for ┌ Yes
				lege Street				anni	ates.	j 163 j 140
	v-evem	npt status		Hadley,MA 01075)(3) ◀(insert no)	47/2\/1\ or [- 527			ll affiliates inclu	
					47(a)(1) 01	327				st See instructions)
j W	eb site	e: 🕨 www	mtholyok	e edu				H(c) Gro	up Exemption N	iumber 🕶
К Тур	e of org	ganization	Corporat	ion trust association	other 🟲			L Year of Fo	ormation 1836	M State of legal domicile MA
Da	rt I	Summ								
Pα	1			e organization's mission	or most sign	nificant activities				
e e	-	•		llege is a liberal arts col	-		diverse	residentia	al community o	f women at the highest
Ě			•	excellence and to foster	-	_			•	_
Ě										
Governance			,	if the organization disco						
	l _		_	nembers of the governing						29
Activities &	4			ident voting members of	_		ine 1b)			28
Ě				nployees (Part V, line 2a						3,126 2,045
<u>ş</u>				lunteers (estimate if ned	• •		(C)			2,045
•				ted business revenue fro ness taxable income fro			(C) .	•	7a 7b	
	-	Wet ame	latea basi	ness taxable income no	1111 01111 330	1, IIIIe 34		Dri	or Year	Current Year
	8	Contribi	utions and	52,534,081	18,722,227					
횰	9								100,336,890	93,282,861
Revenu	10			ne (Part VIII, column (A					81,445,368	11,680,287
걆	11	O ther re	evenue (P	art VIII, column (A), line	es 5, 6d, 8c,	9c, 10c, and 11e	2)		6,663,177	12,938,737
	12	Total re	venue—a	dd lines 8 through 11 (m	nust equal Pa	ırt VIII, column (A	A), line			
	4.5	12)							240,979,516	136,624,112
	13			ar amounts paid (Part IX		•			34,911,959	39,362,911
	14		•	or for members (Part IX,		•			0	0
\$3	15	Salaries	s, otner co	ompensation, employee b	penefits (Par	t IX, column (A), i	ines 5-		58,873,382	77,374,235
Expenses	16a	Profess	ional fund	raising fees (Part IX, co	lumn (A), lın	e 11e)			0	0
흜	ь	(Total fur	ndraising ext	penses, Part IX, column (D), l	ine 25 7,401,44	18				
ш	17	Othere	xpenses ((Part IX, column (A), line	es 11a-11d,	11f-24f)			55,530,308	51,476,346
	18	Totalex	kpenses—	add lines 13-17 (must e	equal Part I)	(, line 25, column	(A))		149,315,649	168,213,492
	19	Revenue	e less exp	enses Subtract line 18	from line 12				91,663,867	-31,589,380
Net Assets or Fund Balances								Beginn	ing of Year	End of Year
sets afan	20	Total as	ssets (Par	t X, line 16)					925,989,600	753,801,181
AB GB	21	Total lia	abilities (F	Part X, line 26)					144,669,916	147,346,880
25 25 25 25 25 25 25 25 25 25 25 25 25 2	22	Net ass	ets or fun	d balances Subtract line	e 21 from lın	e 20			781,319,684	606,454,301
Pa	rt II	Signa	ture Blo	ock						
				rjury, I declare that I have ex						
Plea		and belief	r, it is true, o	correct, and complete Declara	ation of prepare	er (other than officer)	is based o	1		arer nas any knowledge
Sign		Signat	ure of office	er				2010 Date)-05-14 :	
Her		L Fllen F	Rutan Comp	ntroller						
			or print nam							
		Preparer's	<u> </u>			Date	Che	eck if	Preparer's PTII	N (See Gen Inst)
Paid		signature					self			•
	arer's	Firm's nan	ne (or yours	<u> </u>				,		
Use		ıf self-emp		*					EIN 🕨	
			211 7 4						Phone no 🕨	
—— Mav	the IR	s discuss	this retu	rn with the preparer show	wn above? (S	see instructions)				

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 108,160,410 including grants of \$ 39,252,411) (Revenue \$ 82,257,118) **Instruction, Research, Academic Support and Library Services** Mount Holyoke College is home to 2,200 undergraduate students who benefit from small group instruction in a diverse college community where the student-to-faculty ratio of 9 to 1 Mount Holyoke's 200 accomplished faculty members are innovative teachers dedicated to their students. They are also active scholars, research scientists, and creative artists passionate about their disciplines. The College offers 49 departmental and interdepartmental majors. Through the liberal arts education, students explore art, literature, languages, philosophy, politics, history, mathematics, and science rather than choosing one specialized track of study. The liberal arts also transcend the classroom. Students gain a complex understanding of the world in which they live through internships, study abroad, community-based learning, volunteer work, and independent research. An integral part of the college community, Library and Information Technology. Services facilitates the creative use of information and technology. It supports the educational priorities of the College by providing instruction, materials, staff expertise and equipment to sustain learning, teaching, research and the College's administrative functions.
4b	(Code) (Expenses \$ 22,215,188 including grants of \$ 0) (Revenue \$ 11,220,955) **Student Services and Residential Life** Engagement, peer mentorship, and self governance are the foundations of Mount Holyoke's residential program. To this end, most residence halls house members of all four classes. Approximately one-fourth of the rooms in each residence hall are for entering students. The result is a interesting blend of experience within each residence hall. We offer housing in many configurations to meet the developing needs of our students. Each residence
	hall is unique in design and character. Along with being committed to academic success, Mount Holyoke cares about students' overall well-being. The College offers a range of health, counseling and public safety services to support the needs of its students. The Office of Student Programs supports 150 student organizations and presents a wide array of cultural, entertainment, and social events, in addition to advising on event planning, new ideas, leadership skills, and general student organization dynamics.
4c	(Code) (Expenses \$ 9,102,404 including grants of \$ 0) (Revenue \$ 11,835,413) **Dining Services** At Mount Holyoke College, dining is an integral part of the students' educational experience. Students meet at mealtimes in friendly conversation, often with faculty as their invited guests. This hospitality and exchange is an important tradition on campus. Dining Services is responsible for administering a comprehensive board program in six (6) residential dining locations, our campus center café, and seven (7) continental breakfast locations, and is responsible for all campus center cash operations, vending, a bakery, and a warehouse. Our qualified and experienced culinary production and service staff are committed to providing high quality and nutritious food in all of our dining operations.
4d	Other program services (Describe in Schedule O) (Expanses #
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses \$ 139,478,002 Must equal Part IX, Line 25, column (B).

27111V Checklist of Required Schedule:	art IV	Checkli	st of F	Required	Schedules
----------------------------------------	--------	---------	---------	----------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 748			
Ь	Enter the number of Forms W-2G included in 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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a	Yes	
h	return?	3b	Yes	
4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	שכ	165	
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country BD , CH , CJ , FR , LU , VI			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them)			
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			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Managemen	ning Body and Manage	ment
-----------------------------------------	----------------------	------

			Yes	No					
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances processes, or changes in Schedule O. See instructions.	,							
1a	Enter the number of voting members of the governing body 1a 2	9							
Ь	Enter the number of voting members that are independent 1b	28							
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		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	the governing body?	8a	Yes						
b	each committee with authority to act on behalf of the governing body?	. 8b	Yes						
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	. 10	Yes						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No					

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed GA, MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Ellen Rutan - Comptroller 50 College St South Hadley,MA 010751444 (413) 538-2713

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							Ļ	2 242 22	.1 ~	400.400
1b Total							<u> </u>	2,240,804	0	408,198

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►91

			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo				
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	1						
	Tempered to the organization in rest, complete seneral person in the initial in the seneral person in the sene	5		Νo				

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cambridge Associates LLC 100 Summer Street Boston, MA 021102112	Investment Management and Consulting	1,180,587
Strategic Building Solutions 599 Middlesex Turnpike Old Saybrook, CT 06475	Architectural Design Services	443,903
Wellington Trust Company NA P O Box 13766 Newark, NJ 071880766	Investment Management and Consulting	337,185
Silchester International Investors Inc 780 Third Avenue 42nd Floor New York, NY 10017	Investment Management and Consulting	281,950
Pioneer Training Inc 139 B Damon Road Suite 2 Northampton, MA 01060	Database Training and Support	265,150
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	'	22

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns	s 1a	0				,,,
Contributions, gifts, grants and other similar amounts	b	Membership dues .						
gra	c	Fundraising events		19,490				
ffs, ra⊪		-	1 c					
igi ilia	d	Related organization: Government grants (cont						
ons sin	e f	All other contributions, gif	, 10	15,899,573				
her Fer	"	similar amounts not include						
H 다 다 다	g	Noncash contribution						
S a S		lines 1a-1f \$			40 722 227			
	h	Total (Add lines 1a-1	Lf)	<u> </u>	18,722,227			
<u> </u>	3-	Turken and Face		Business Code				
nuəv	2a b	Tuition and Fees Room and other Board		611,310		82,061,906	0	0
Æ	c	- Room and other board		611,310	11,220,955	11,220,955	0	
мсе	d							
Ser	e							
an.	f	All other program se	rvice revenue		0	0	0	0
Program Serwce Revenue					, , , , , , , , , , , , , , , , , , ,			
₫.	g	Total. Add lines 2a-2 ► \$ 93,282,861	f					
	3	Investment income ((including divi	dends, interest				
		other similar amount	s)		12,981,163	0	0	12,981,163
	4	Income from investment	of tax-exempt b	ond proceeds	0	0	0	0
	5	Royalties			4,889	0	0	4,889
			(ı) Real	(II) Personal				
	6a	Gross Rents	479,447	0				
	ь	Less rental expenses	465,706	0				
	С	Rental income or (loss)	13,741	0				
	d	Net rental income or	(loss)		13,741	0	0	13,741
			Securities	(II) O ther				
	7a	Gross amount from sales of	114,752,753	253,326				
		assets other than inventory						
	b	Less cost or other basis and	116,306,955	0				
	c	sales expenses Gain or (loss)	-1,554,202	253,326				
	d	Net gain or (loss)	<u> </u>		-1,300,876	o	1,870,296	-3,171,172
	8a			. ▶				
	oa	Gross income from fu events (not including						
e		\$ <u>12,270</u> of contributions repo	rted on line					
뜐		1c) See Part IV, line	e 18					
Rev		Attach Schedule G if to \$15,000		19,490				
erl	ь	Less direct expense	es b	7,146				
Other Revenue	с	Net income or (loss)	from fundrais		5,124	5,124	0	0
-	9a	Gross income from g						
		activities See part I Complete Schedule Gi						
		exceeds \$15,000	_					
	ь	Less direct expense	a esb					
	c	Net income or (loss)		activities .				
	100	Cross sales of muon	tomy long	<u>►</u>				
	10a	Gross sales of invent returns and allowance						
			a	12,381,727				
	b c	Less cost of goods s Net income or (loss)		2,801,106	9,580,621	9,337,216	243,405	0
		Miscellaneous Reve		Business Code	5,500,021	5,557,210	213,703	
	11a	Educational conferer		721,000	875,917	229,840	646,077	o
	ь	Fees, service and oth		611,310	2,458,445	2,458,445	0	0
	с							
	d	All other revenue			0	0	0	0
	e	Total. Add lines 11a-						
	12	Total Revenue. Add I	lines 1h 2a 3	\$ 3,334,362 5.4.5.6d.7d.	136,624,112	105,313,486	2,759,778	9,828,621
		8c,			,,	,	,	,,
	j	9c, 10c, and 11e .		•				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				J.
Do r	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 governments and organizations in the U S See Part IV, line 21	110,500	110,500		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	38,317,176	38,317,176		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	935,235	935,235		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,784,222	756,647	770,605	256,970
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	56,095,879	48,844,663	0	2,529,242
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,296,803	6,353,326	614,391	329,086
9	Other employee benefits	8,245,842	7,179,655	694,300	371,887
10	Payroll taxes	3,951,489	3,440,562	332,715	178,212
11	Fees for services (non-employees)				
а	Management	321,347	66,728	247,169	7,450
b	Legal	428,715	150,188	269,940	8,587
c	Accounting	167,500	36,000	131,500	
d	Lobbying	7,500	0	7,500	0
e	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	8,861,699	0	8,861,699	0
g	Other	5,662,480	3,924,347	1,470,487	267,646
12	Advertising and promotion	110,084	41,158	62,924	6,002
13	Office expenses	3,187,919	2,326,894	527,139	333,886
14	Information technology	1,460,146	1,117,498	339,801	2,847
15	Royalties	39,148	29,844	8,603	701
16	Occupancy	4,430,201	4,041,798	168,225	220,178
17	Travel	1,658,328	1,240,950	112,651	304,727
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	172,988	149,292	14,589	9,107
20	Interest	5,259,231	4,409,778	722,362	127,091
21	Payments to affiliates	415,001	285,041	86,060	43,900
22	Depreciation, depletion, and amortization	10,527,148	10,109,965	185,311	231,872
23	Insurance	2,065,506	1,760,881	288,228	16,397
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Allocated Expenses	0	451,478	-451,478	0
ь	Unrelated Business Income Tax	228,091	0	228,091	0
С	Alumnae Association Support	1,986,420	0	0	1,986,420
d	Payments to Life Income Beneficiaries	935,031	0	935,031	0
e	Equipment Maintenance & Repair	769,186	718,876	63,637	-13,327
f	All other expenses	2,782,677	2,679,522	-79,412	182,567
25	Total functional expenses. Add lines 1 through 24f	168,213,492	139,478,002	21,334,042	7,401,448
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			-	· ·

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	_			0	1	0
	2	Savings and temporary cash investments	_			9,824,440	2	5,654,552
	3	Pledges and grants receivable, net		37,245,636		29,297,395		
	4	Accounts receivable, net	•	•		1,507,410		2,550,463
	5	Receivables from current and former officers, directors, trustees			ployees or			
		other related parties Complete Part II of Schedule L				58,082	5	378,021
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of				0	6	0
	7	Notes and loans receivable, net				17,163,248	7	33,180
	8	Inventories for sale or use				734,340	8	773,205
\$	9	Prepaid expenses and deferred charges				2,882,035	9	2,196,890
ssets	10a	Land, buildings, and equipment cost basis	-14	ı	328,251,360			
⋖		Land and the design of the Control of the Control of	10a	┢	320,231,300	-		
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b		144,481,620	176,462,734	10c	183,769,740
	11	Investments—publicly traded securities	<u> </u>	٠.	·	142,915,084	11	110,161,835
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	art VI l	I of		535,793,025	12	396,585,215
	13	Investments—program-related See Part IV, line 11 Complete F		0		17,195,150		
		of Schedule D					13	
	14	Intangible assets				4 400 500	14	5 005 505
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,403,566	15	5,205,535		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				925,989,600	16	753,801,181
	17	Accounts payable and accrued expenses .	12,047,571	17	10,371,372			
	18	Grants payable	0	18				
	19	Deferred revenue				2,596,362	19	2,162,037
	20	Tax-exempt bond liabilities				89,122,187	20	88,020,411
<u>'ā</u>	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ę		persons Complete Part II of Schedule L				0	22	
	23	Secured mortgages and notes payable to unrelated third parties				1,500,000	23	3,500,000
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D	39,403,796	25	43,293,060			
	26	Total liabilities. Add lines 17 through 25				144,669,916	26	147,346,880
		Organizations that follow SFAS 117, check here	olete l	ines	s 27			
φ		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				174,390,088	27	120,343,742
ထ	28	Temporarily restricted net assets		374,961,770	28	256,244,332		
돧	29	Permanently restricted net assets				231,967,826	29	229,866,227
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	ete					
. or	30	Capital stock or trust principal, or current funds					30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund			31			
Assets	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net /	33	Total net assets or fund balances				781,319,684	33	606,454,301
ž	34	Total liabilities and net assets/fund balances				925,989,600		753,801,181
Da	-+ VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
c	If "Yes" to lines 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?	2c	Yes		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes		
h	If "Yes" did the organization undergo the required audit or audits?	3h	Yes		

DLN: 93493134051050

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat i						Em	ployer ide	nt if icat io	n number
The T	rustees	ustees of Mount Holyoke College 04-2103578									
Da	rt I	Pascon	for Public C	harity Status (to be co	mnlatad	by all or	aanizatio				
				ation because it is (Please					1115ti uct	10113)	
1	- J			nurches, or association of ch					(A)(i).		
2	, -	•		tion 170(b)(1)(A)(ii). (Attac			, occion :	-, 0(5)(-)	(**)(*)		
3	<u>'</u>						tion 170/l	h)(1)(Δ)(i	iii) (Δttac	h Schadul	о Н)
4	<u>'</u>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
-	•		name, city, and		OII WILII a I	iospitai u	escribed i	ii Section	170(D)(1)	(A)(III). L	inter the
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).		
7	Γ	Anorganiza	ation that norm	ally receives a substantial p	art of its s	upport fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ıty trust descrıt	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ns, membe	rship fees	, and gross
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (Se	ee instruc	tions)
11	Γ			and operated exclusively fo							
				orted organizations describe						Section 5	09(a)(3). Check
		a T		type of supporting organiza		•	nes lle t nally Integ	_	n d	□ Type	III - Other
e	Г		• •	rtify that the organization is			-				
_	•	•	- '	agers and other than one or			•			•	
		section 50									
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u> </u>		,
		following pe		,	, ,			,			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	y member of a p	erson described in (i) above	?					11g(ii)
		(iii) a 35%	controlled ent	ty of a person described in (i) or (ii) al	oove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	anızatıon	supports				
				· · · · · · · · · · · · · · · · · · ·							
(i) Name of (ii) EIN (iii) Type of organization (iv) I Supported (described on lines 1 - 9 organiz				s the ation in		ou notify inization		s the ation in	(vii) A mount of support?		
		iization		above or IRC section	col (i)			i) of your	_	rganized	заррон
	•			(See Instructions))	yourgo			ort?		ŰS?	
					docur	nent?		1		1	
					Yes	No	Yes	No	Yes	No	
			I	i e	l		1	1	1	I	Ī

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or loss						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations_complete Part III	oxy Tax)		
N a	nme of the organization e Trustees of Mount Holyoke College				ntification number
Par		oy all organizations exempt on the exempt of		04-2103578 n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	To be completed b for Schedule C for d	oy all organizations exempt on etails.)	under sectioi	501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectioi	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	-7	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		y all organizations exempt (for Schedule C for details.)	under sectioi	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	g organization's own interna Olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				+	
				1	1

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

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)								
	Check If the filing organization	belongs to an affili	ated group						
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		olly	(a) Filing Organization's Totals	(b) Affiliated Group Totals		
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)					
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)					
c	Total lobbying expenditures (add lines 1a and 1b)								
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures	(add lines 1c and 1	d)						
f	Lobbying nontaxable amount Entercolumns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000					
	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							
	Grassroots nontaxable amount (ente	er 25% of line 1f)							
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a						
i	Subtract line 1f from line 1c Enter -	0- ıflıne fıs more t	han line c						
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h o	r line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No		
	(Some organizations tha columns below.		on 501(h) el	ection do not	have to cor		he five		
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period				
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total		
_2a	Lobbying non-taxable amount								
	Lobbying ceiling amount (150% of line 2a, column(e))								
	: Total lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2008

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

		(a)		(b)	
		Yes	No	A mount	
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				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo		
i	Other activities If "Yes," describe in Part IV	Yes		7,500	
j	Total lines 1c through			7,500	
	11				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo		
Ь	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?				
Par	t III-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c)(5), or	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
С	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		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01		The College pays membership dues to organizations that address state and federal legislative and regulatory issues for the collective benefit of member institutions. For this reason, the College allocates a percentage of the membership dues paid to these organizations to lobbying expense.

1 \$

Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
The Trustees of Mount Holyoke College

O4-2103578

Dant I Organizations Maintaining Depart Advised Funds or Other Similar Funds or Accounts Complete to

			04-2103578	
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts.	Complete if the
	organization answered tes to form s	(a) Donor advised funds	(b) Funds and other	er accounts
1	Total number at end of year			
2	Aggregate Contributions to (during year)			
3	Aggregate Grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th			┌Yes ┌No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be impermissible private benefit?		•	┌Yes ┌No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" t	to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space	ation or pleasure)	n historically importantly ertified historic structure	land area
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	n of a conservation easen	nent
	,,,		Held at th	e End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme	nts	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 8/17/06	2d	
3	Number of conservation easements modified, trans	,	ed by the organization du	rına
	the taxable year ▶		, 	· · · · · · ·
4	N			
4 -	Number of states where property subject to conser			
5	Does the organization have a written policy regardi enforcement of the conservation easements it hold			┌ Yes ┌ No
6	Staff or volunteer hours devoted to monitoring, insp	pecting and enforcing easements during the	e year ►	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing easements during the y	ear ► \$	
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	e 2(d) above satisfy the requirements of sec	ction	┌ Yes ┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financia		
Par	Complete if the organization answered		or Other Similar As	sets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, education or resear	ch in furtherance of publi	
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research i		
	(i) Revenues included in Form 990, Part VIII, line	1	► \$	868,000
	(ii) Assets included in Form 990, Part X		► \$	9,298,015
2	If the organization received or held works of art, his following amounts required to be reported under SF	•	or financial gain, provide	the
а	Revenues included in Form 990, Part VIII, line 1		► \$	0
			• +	

b Assets included in Form 990, Part X

<u>'ar</u>	Organizations Maintaining Co	llections of Art,	Hist	orio	cal Treas	ures, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of the	e foll	owing that a	ire a significant i	ise of its collection	on	
а	Public exhibition		d	<u>~</u>	Loan or ex	change programs	;		
b	Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how	they	further the	organization's e	xempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				Yes	√ No
Pa	rt IV Trust, Escrow and Custodial					janization answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	iary 1	for co	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table					T		
							A mo	unt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21?				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							\ =	
_	Beginning of year balance	(a)Current Year 662,904,332	(b)	Prior '	Year (c)	Two Years Back (d	Three Years Back (e)Four Ye	ears Back
la L	Contributions	3,515,032							
Ь	Investment earnings or losses	-127,229,846							
c d	Grants or scholarships	6,613,057							
u e	Other expenditures for facilities	20,145,463							
_	and programs								
f	Administrative expenses	9,263,101							
g	End of year balance	503,167,897							
2	Provide the estimated percentage of the yea	r end balance held as							
а	Board designated or quasi-endowment 🕨	15 46 %							
ь	Permanent endowment 🕨 84 49 %								
c	Term endowment ► 005 %								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered for	the		
	organization by						[<u>- (1)</u>	Yes	No
	(i) unrelated organizations		•	•			3a(i)		
h	(ii) related organizations						3a(ii)	Yes	<u> </u>
,	Describe in Part XIV the intended uses of th	•							<u> </u>
	rt VI Investments—Land, Buildings	<u> </u>				Part X line 10			
	Description of investment	, and Equipmen		(a) (Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
La	Land				0	21,950,572		2	1,950,572
	Buildings		ŀ		0	,	43,379,193		5,226,408
	Leasehold improvements		.		0	, ,	<u> </u>		1,955,507
	Equipment		.		0	,,	 		6,057,231
	Other		ļ		0		<u> </u>		8,580,022
							, , ,		

183,769,740

Part VII Investments—Other Securities. S	ee Form 990, Part X, line 12.		
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valua Cost or end-of-year mar	
Financial derivatives and other financial products	0	Cost of the of year mar	Ret value
Closely-held equity interests	0		
Other Equity Mutual/Comingled Funds	190,374,546		F
Other Hedge Funds	84,992,198		F
Other Inflation Hedging	72,120,820		F
Other Distressed Securities	27,746,304		 F
Other Venture Capital	20,754,676		 F
Other Other	596,671		 F
	337,312		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	396,585,215		
Part VIII Investments—Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Grants Receivable	17,195,150		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X		1	
	cription	(b) E	Book value
Other Assets			5,205,535
Total. (Column (b) should equal Form 990, Part X, col.(B) li			5,205,535
Part X Other Liabilities. See Form 990, Pa	T.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Interest Rate Swap Liability	8,862,950		
Fas 158 Pension Liability	2,856,422		
Fin 47 Cond Asset Retirement Obligation	8,328,277		
Pension 457 (b) Liability	274,634		
Refundable Government Advances	4,631,288		
Split Interest Obligation	18,339,489		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	43,293,060		

168,213,492

Pai	TEXT Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	136,624,112
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	168,213,492
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-31,589,380
4	Net unrealized gains (losses) on investments	4	-150,549,727
5	Donated services and use of facilities	5	0
6	Investment expenses	6	11,388,044
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-4,114,320
9	Total adjustments (net) Add lines 4 - 8	9	-143,276,003
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-174,865,383
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	-9,182,295
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-148,433,386
3	Subtract line 2e from line 1	3	139,251,091
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-2,626,979
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	136,624,112
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	161,202,131
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С.	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	4,993,237
3	Subtract line 2e from line 1	3	156,208,894
4	A mounts 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 12,004,598		
Ь	Other (Describe in Part XIV)	4-	12 004 598
	A DO TORES AND AD	4-	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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

Ident if ier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The College maintains more than 15,000 works of art from antiquity to the present that comprise the permanent collection of the Mount Holyoke College Art Museum. This culturally and chronologically diverse collection is an important teaching and learning resource for faculty and students in all disciplines, and serves as a major cultural resource for area schools and the general public. Dedicated to providing firsthand experiences with works of significant aesthetic and cultural value, the Museum develops exhibitions that aim to provide aesthetic enjoyment, stimulate inquisitive looking, and encourage the understanding of the artistic achievements represented by a diversity of cultures and time periods. The Museum selects works of art to install in the art museum's ten galleries and reception hall on a rotating basis and produces four to six special exhibitions each year in addition to its display from the permanent collection. Each exhibition is carefully chosen to support the curriculum of the College and to appeal to the greater community.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Mount Holyoke's endowment consists of approximately 1,500 individual funds established for a variety of purposes, including both donor restricted endowment funds and funds designated by the College to function as endowments. Less than 25% of the endowment support of the College's operations is unrestricted. Most of the endowed funds contain specific restrictions for the support of critical functions such as financial aid for students with demonstrated need, faculty salaries, library purchases, student and faculty research, internships and departmental programming. The endowment provides approximately 20% of the College's annual operating budget revenues.
SchD_P10_S00_L00	Schedule D, Part X	Not applicable
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Other changes includes the Willits Hallowell subsidy of - 241,497, Change in value of interest rate Swaps -4,490,467, Willits internal sales 18,759, Net internal sales -45,897, the Change in split interest obligations -2,117,462, Other endowment changes of 2,382,627 and Mandatory transfers of 379,617
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Other includes Willits Hallowell revenue of 1,471,559, Change in split interest obligation of -2,117,462, Other endowment changes of 2,382,627 and Mandatory transfers of 379,617
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Cost of Goods Sold -2,801,106, Fundraising Expenses -7,146, Faculty Housing Expense -435,281, and Interest Payment on Swap 616,554
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Internal Sales Revenue and Expense 45,898, Cost of Goods Sold 2,801,106, Willits Hallowell Expenses 1,722,565, Willits Internal Sales -18,759, Faculty Housing Expense 435,281, Fundraising event 7,146

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization The Trustees of Mount Holyoke College Employer identification number

04-2103578

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	The College customarily draws a substantial percentage of its students from countries other than the United States and from approximately 48 states within the United States. The College follows a nondiscriminatory policy toward faculty and students, and with regard to students, includes this policy in most brochures and catalogues dealing with student admissions, programs and scholarships. The College demonstrates its commitment to diversity by enrolling students of racial minority goups in meaningful numbers. Annually, the racially diverse student body consists of approximately 20 percent who are students of color and approximately 20% who are international			
1	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a_		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🦸			
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 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

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As Filed Data -

DLN: 93493134051050

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Т

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

	of the organization					Employer ide	ntification number
he T	Trustees of Mount Holyok	ce College				04-2103578	3
Pa	General Info "Yes" to Form S			de the United States	. Complete	e if the organ	nization answered
<u> </u>				ecords to substantiate t	the amount	of the grant	s or
				assistance, and the se			
	the grants or assistar	nce					✓ Yes
2	For grant makers. Descr United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grai	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf adı	ditional space is needed)			
			T	(d) Activities conducted in	(-) T6+	l	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	region (by type) (i e , fundraising, program services,	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
See	Add'l Data			,		-	

Totals .

1,437,805

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Use Schedule F-1 (Form 990) if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
The College awards financial aid to qualifying students who participate in the Junior Year A broad Program and attend a college or university outside the United States	Central A merica and the Caribbean	8	55,933	A check is mailed to the individual's bank account	0		
The College awards financial aid to qualifying students who participate in the Junior Year A broad Program and attend a college or university outside of the United States	East Asia and the Pacific	14	132,286	A check is mailed to the individual's bank account	0		
		61	597,794	A check is mailed to the individual's bank account	0		
	Middle East and North Africa	5	47,243	A check is mailed to the individual's bank account	0		
	Mexico, but not the	3	10,994	A check is mailed to the individual's bank account	0		
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside of the United States	Russia and the newly independent States	1	9,115	A check is mailed to the individual's bank account	0		
	South America	5	32,926	A check is mailed to the individual's bank account	0		
	South Asia	1	5,123	A check is mailed to the individual's bank account	0		
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside of the United States	Sub-Saharan Africa	5	43,821	A check is mailed to the individual's bank account	0		

	Supplemental Infor	mation	. age .
	Complete this part to	provide the information required	in Part I, line 2, and any other additional information.
SchF_P01_	Identifier S00_L02		All financial aid grants and scholarships to students are recorded in the financial aid management software, PowerFAIDS, by amount per semester Eligibility is determined based on a consistently applied need analysis formula to determine the expected family contribution (EFC). The EFC is subtracted from the total cost of attendance to equal the financial aid eligibility. The financial aid grant amount is determined based on consistently applied packaging formulas to meet the full calculated need of each student. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS, through fund tracking in the administration module. When requested by an institution for a student studying abroad, the College will complete a Financial Aid Information Sheet which includes detailed information about the types and amounts of financial aid being provided to the student, along with the total anticipated disbursement amount and the anticipated disbursement date to the student. Students use the financial aid funds they are sent to pay the bill due to the institution directly. In very rare instances, the College is contacted by the institution regarding an unpaid bill. The College will then contact the student to remind her that she is responsible for paying the institution using the funds sent to her (vs. MHC sending funds directly to the institution). This usually occurs due to a misunderstanding and the situation is resolved promptly. Grant policy and procedures are reviewed annually by management. Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures.
			and procedures
_			
		•	

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SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493134051050

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Femal solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization (vii) Amount paid to (or retained by) organization From activity Total	Internal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Inspection								
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a		•	lyoke College				Employer ider	ntification number	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a							04-2103578		
a Mail solicitations Bemail solicitations Mail solicitations Bemail solicitations Mail solicitations Bemail solicitation of government grants Bemail solicitation of government grants Bemail solicitation Bemail solicitation Bemail solicitation of government grants Bemail solicitation of government grants Solicitation of government grants Bemail solicitation of government grants Bemail solicitation of government grants Peps Ne Ne Ne Ne Ne Ne Ne N	Pa	rt I Fundraisin	g Activities. Complete	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.	
b Email solicitations f Solicitation of government grants G Phone solicitations g Special fundraising events 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes N b If "Yes," list the ten highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity Contributions? (iv) Gross receipts (v) A mount paid to (or retained by) fundraiser listed in col (i) organization (vi) Amount paid to (or ganization) (vi) Amount paid to (or ganization) (vi) Amount paid to (organization) (vi) Amount paid to (organ	1	Indicate whether the	organization raised funds	through a	ny of the	following activities Ch	eck all that apply		
c Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Amount paid to (or retained by) fundraiser listed in col (i) organization (vi) Amount paid to (or retained by) organization	а	Mail solicitations	s	-		e Solicitation of	non-government grants		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Ves No	Ь	Email solicitation	ns			f Solicitation of	government grants		
Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Ves No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col (i) organization	c Phone solicitations						sing events		
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No (iv) Gross receipts from activity fundraiser listed in col (i) (vi) A mount paid to (or retained by) organization organization	d	In-person solicit	ations						
(ii) Name of individual or entity (fundraiser) (iii) Activity (iii) Activity (iv) Gross receipts from activity (or retained by) fundraiser listed in col (i) (or retained by) organization		or key employees lis If "Yes," list the ten	ted in Form 990, Part VII	or entity entities (fanization (iii)	in connectundraise Form 990 Did	ction with professional f rs) pursuant to agreem	fundraising activities? ents under which the fui ired to complete this tal	ndraiser is	
Yes No		` '	I (III) A ctivity	ctivity custody or control of		1 ` '	(or retained by) fundraiser listed in	(or retained by)	
					1	1	(1)		
Total				1.00					
Total									
Total									
Total									
Total									
Total									
Total									
Total									
TVIMI	Tota	al	•		P				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Components on Form					repor	ted
			(a) Event #1 Friends of Athletics Golf Tournament (event type)	(b) Event #2	(c) O ther Events (total number)	(Add co	otal Eve I (a) th ol (c))	
<u>Φ</u>	1		31,760				3	1,760
Revenue	2	Gross receipts Less Charitable	19,490					9,490
Rev		contributions						
	3	Gross revenue (line 1 minus line 2)	12,270				1	2,270
	4	Cash Prizes	0					C
se Se	5	Non-cash Prizes	1,633					1,633
Expenses	6	Rent/Facility costs	0					C
ង័	7	Other direct expenses	5,512					5,512
Direct		·	a 4 through 7 in column	(4)				7,145
△	8	Direct expense summary Add line Net income summary Combine lir	-	• •				5,125
Par	t III		ganızatıon answered '		art IV, line 19, or rep	orted mo		
Revenue		\$13,000 011 101111 990-LZ, 1111	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota	l gamıng nrough co	
~	1	Gross revenue						
မှ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>₽</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	│ Yes	┌ Yes% ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	tion operates gaming act	ivities		· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a	112	
11	Doe	es the organization operate gaming a	ctivities with nonmembe	rs?		11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493134051050

en to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

The Trustees of Mount Holyoke College

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

Open to Public Inspection

Employer identification number

04-2103578

Form 990, Part IV Part IV and Sche	ganızatıon's proce er Assistance V, line 21 for an dule I-1 ıf addıt	dures for monitoring the to Governments a y recipient that recei ional space is	use of grant funds in th nd Organizations i ved more than \$5,00	e United States in the United Stat 00. Check this box if	es. Complete if the of no one recipient rec	rganization answere eived more than \$5,	d "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WFCR Foundation Inc University of Massachusetts Hampshire House Amherst, MA 01003	04-6130523	501(c)(3)	32,250	0			General support for local public radio station
Town of South Hadley116 Main Street South Hadley, MA 01075	04-6001303	Government Entity	78,250	0			Out of the total grant amount, \$60,000 is for the purchase of land for a town park and \$18,250 is for support services including ambulatory services
2 Enter total number of sect organizations		=					2
3 Enter total number of othe For Paperwork Reduction Act Notice				Cat No 50055P			► 0 hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) N umber of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Student financial aid for tuition, room and board expenses at Mount Holyoke College and other institutions within the United States	1573	38,317,176	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	All financial aid grants and scholarships are recorded in the financial aid management software, PowerFAIDS, by amount per semester Eligibility is determined based on a consistently applied need analysis formula to determine the expected family contribution (EFC). The EFC is subtracted from the total cost of attendance to equal the financial aid eligibility. The financial aid grant amount is determined based on consistently applied packaging formulas to meet the full calculated need of each student. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS, through fund tracking in the administration module. Policy and procedures are reviewed annually by management and training provided to staff who will be awarding financial aid grant funds.

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As Filed Data -

DLN: 93493134051050

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Name of the organization	Employer identification number
The Trustees of Mount Holyoke College	

04-2103578

ď	Questions Regarding Compensation	<u>n </u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			1
	Discretionary spending account	⋝	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	hat appl	у			
	Compensation committee		Written employment contract			1
	✓ Independent compensation consultant	고	·			1
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	impensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & Incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Joanne Creighton	(1) (11)	369,357 0	0 0	27,842 0	24,150 0	42,410 0	463,759	197,65
Donal O'Shea	(1) (11)	211,456 0	0 0	13,058 0	22,549 0	28,149 0	275,212	109,71
Charles Haight	(1) (11)	211,859 0	0	2,146 0	22,470 0	3,122	239,597	103,41
Jane Brown	(ı) (ıı)	196,977 0	0 0	0 0	20,921 0	12,787 0	230,685	93,65
Mary Jo Maydew	(1) (11)	167,021 0	0 0	0	18,039 0	9,251 0	. 194,311 0	81,84
Penny Gill	(1) (11)	165,515 0	0 0	0 0	17,569 0	8,522 0	191,606	73,21
Joseph Ellis	(1) (11)	179,157 0	0 0	0 0	19,583 0	21,695 0	220,435	86,78
Howard Nicholson	(1) (11)	168,292 0	0 0	0	18,865 0	21,985 0	209,142	82,75
Roberto Marquez	(ı) (ıı)	155,128 0	0 0	0	16,485 0	6,536 0	178,149	76,12
Lee Bowie	(ı) (ıı)	147,767 0	0	0	16,459 0	18,951 0	. 183,177 0	83,08
Patrıcıa VandenBerg	(1) (11)	143,309 0	0	0	15,047 0	460	158,816	70,33
	(ii)							
	(ii)							
	(i) (ii)							1

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The Board of Trustees recognizes the unique role the President and other senior administrators play in supporting alumnae and development activities, campus events, and other official functions. Accordingly, as a condition of employment, and for the convenience of the College, College owned or leased housing is provided to the President and the Dean of Faculty to fulfill these duties. Such housing provided to the President is approved by the Board of Trustees and housing provided to other senior administrators is approved by the President. For the President's house, the College provides custodial personnel and appropriate equipment and supplies necessary to keep the residence's appearance and cleanliness at acceptable standards. The College's Companion Travel Policy states that in occasional authorized circumstances the College will pay or reimburse for travel, meals and expenses of the spouse/partner of an officer. Specifically, while performing his/her official duties in the areas of development, alumni relations, and other business of the College, the President may be accompanied by his/her spouse/partner, who is expected to make an important contribution to achieving the purposes of the travel or events. In those cases, the College's policy is to authorize the payment of all travel and related expenses of the President's spouse/partner. Under the accountable travel plan of the College all expenses must be documented and receipts provided. In addition, when companion travel is covered, the following conditions must be met in order to exclude the travel costs from the taxable income of the employee. 1. The spouse/partner attends and contributes to the official function. 2. The purpose of the travel, the activities of the spouse/partner relating to College business and the expenses incurred are fully documented. Any spouse/partner travel other than that of the President must be approved, in advance, by the President.
-		

Software ID: 08000095

Software Version: v1.00

EIN: 04-2103578

Name: The Trustees of Mount Holyoke College

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
I Joanne Creidnton I.) 369,357 () (0	27,842 0	24,150 0	42,410 0	463,759 0	197,658 0
i Donai O Snea	211,456	0	13,058 0	22,549 0	28,149 0	275,212 0	109,718 0
i Charles Halont	(i) 211,859 (i) (ii)	0 0	2,146 0	22,470 0	3,122 0	239,597 0	103,411 0
I Jane Brown I.	1) 196,977 () (0 0	0	20,921 0	12,787 0	230,685 0	93,653 0
I Mary Jo Maydew I.	1) 167,021 1) 0	0 0	0	18,039 0	9,251 0	194,311 0	81,848 0
Penny Gill (165,515 1)	0 0	0	17,569 0	8,522 0	191,606 0	73,216 0
i Joseph Filis	179,157 ()	0 0	0	19,583 0	21,695 0	220,435 0	86,781 0
Howard Nicholson (168,292	0 0	0	18,865 0	21,985 0	209,142	82,750 0
I RODEILO MAIGUEZ I.	ı) 155,128 ı) C	0 0	0	16,485 0	6,536 0	178,149 0	76,128 0
	147,767 ()	0 0	0	16,459 0	18,951 0	183,177 0	83,083 0
Patricia VandenBerg (143,309	0 0	0	15,047 0	460 0	158,816 0	70,335 0

Software ID: 08000095 **Software Version:** v1.00 **EIN:** 04-2103578

Name: The Trustees of Mount Holyoke College

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Faculty scholarly work	4,781
Central America and the Caribbean	0	0	Program Services	Grant aid to qualifying students studying abroad	55,933
East Asia and the Pacific	the Pacific 1 Program Services The College has an agent in Beijing, China who coordinates a summer study abroad program in Beijing, China The College also offers grant aid to qualifying students studying abroad		183,889		
East Asia and the Pacific	0	0	Program Services	Student recruiting	6,826
East Asia and the Pacific	0	0	Program Services	Faculty scholarly work	14,524
Europe (including Iceland and Greenland)					273,250
Europe (including Iceland and Greenland)	0	0	Program Services	Faculty scholarly work	43,333
Europe (including Iceland and Greenland)	0	0	Program Services	The College made tuition payments directly to two colleges in England for students who attended these colleges for their junior year abroad The College also offers grant aid to qualifying students studying abroad	687,676
Middle East and North Africa	0	0	Program Services	Faculty scholarly work	3,027
Middle East and North Africa	0		Program Services	Grant aid to qualifying students studying abroad	47,243
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Faculty scholarly work	5,762
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Grant aid to qualifying students studying abroad	10,994
Russia and the newly independent States	0	0	Program Services	Faculty scholarly work	3,200
Russia and the newly independent States	0	0	Program Services	Grant aid to qualifying students studying abroad	9,115
South America	0	0	Program Services	Faculty scholarly work	4,198
South America	0	0	Program Services	Grant aid to qualifying students studying abroad	32,926
South Asia	0	0	Program Services	Faculty scholarly work	1,237
South Asia	0	0	Program Services	Grant aid to qualifying students studying abroad	5,123
Sub-Saharan Africa	0	0	Program Services	Faculty scholarly work	947
Sub-Saharan Africa	0	0	Program Services	Grant aid to qualifying students studying abroad	43,821

Form 990 Schedu	Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)			

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number The Trustees of Mount Holyoke College 04-2103578

Pa	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) Det	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008	04-3431814	57583RUS2	03-27-	2008	39,	765,000	Construct a facilities	nd equip ca	ampus		х		x
Pa	Proceeds (Optional for .	2008)				_						_		
					Α	E	3	<u> </u>	C	D			E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasar	nce Escrows												
4	4 Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion									L				
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	.	No
9	Were the bonds issued as part of a	current refunding iss	ue?											
10	Were the bonds issued as part of a	ın advance refundıng ı	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008))			_				ı		1		
					\	_	3 I	+	C I	D			<u>E</u>	
1	Was the organization a partner in a which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangements which may result in private busine		nanced property											
For	Paperwork Reduction Act Notice, see the	Instructions for Form	990.			Cat No 501	L93E			Sc	hedule K (Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		E	В		C		D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493134051050

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Name of the organization

The Trustees of Mount Holyoke College

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Inspection **Employer identification number**

							-210					
Part I Excess Benefit Transac										D = =4		406
To be completed by organization			wered res	on Form 990, Part 1	v, iin	e 25a or 25b	, or Fo	orm 9	90-EZ,		c) Corr	
1 (a) Name of disqualifie	d perso	on		(b) De	script	tion of transa	ction			}	Yes	No
			L							\dashv	103	
										\rightarrow	\longrightarrow	
2 Enter the amount of tax imposed on section 4958	the org	janiza	atıon manag	ers or disqualified pe	rsons	during the y	ear un	nder	±			
3 Enter the amount of tax, If any, on III	ne 2 ah	nove	reimhiirsed	t by the organization.	•		•	•	ρ —— \$			
Part II Loans to and/or From					•				Υ			
To be completed by organiza					t IV,	line 26, or Fo	rm 99	90-EZ	ر ۲, Part ۱	V , lın	e 38a	
	(b) L			,		,			(f)		
(a) Name of interested person and	1 ` '	m th		(c)O riginal principal	/	Dalamas dua	(e) defa) In	Approve by board		1	/ritten
purpose	orgai	nızatı	ion?	amount	(a)	Balance due	deladit		commi	-		ment.
	То		From				Yes	No	Yes	No	Yes	No
oanne Creighton				227.60		200426		١				
Split Dollar Receivable ane Brown			X	327,60	0	289,136		No	Yes	<u> </u>	Yes	+
Shared Appreciation Mortgage			х	57,87	5	57,875		Νo	Yes		Yes	
esse Lytle Home Mortgage			×	167,00	ا	146,086		l No	Yes		Yes	
Tome Prortgage	+		^	107,00	+	140,000		INO	163		1 63	+
											+	+
otal				▶ \$		493,097						
Part III Grants or Assistance E					000	D 1 T) (1	2-					
To be completed by orga						1	e 27.					
(a) Name of interested person		(в)к		between interested p the organization	erson	(c)A mo	ount o	fgrar	nt or typ	oe of	assista	nce
	S	pous	e of Jesse L	ytle, Secretary of the		Tuition wa	ıverd	f \$ 4 ,	700 for	cour	se take	n at
anne Lytle	С	olleg	е			Mount Ho	yoke	Colle	ge			
						_						
	+					+						
Part IV Business Transactions To be completed by orga					000	Dart IV Jun	o 201	. 20	h or 3	200		
To be completed by organ			telationship		<i>55</i> 0,		C 200	1, 20	D, OI 2		(e) Sha	ring of
(a) Name of interested person	1	etwe	en ıntereste	d (c) A mount of		(d) Descri	ption	of tra	nsactio	- 1	organiza reven	atıon's
		•	on and the janization	transaction						H	Yes	No
1ıchael Crowley	Hus		of Vice	93	3,617	Compensati	on as	Direc	tor of	\dashv		No
·			t for Financ	I		Networking,						
	A dm	nınıst	ration			College				\dashv		
										\dashv		
										\dashv		
						 				\rightarrow		

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Part I Types of Property

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization **Employer identification number** The Trustees of Mount Holyoke College 04-2103578

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d) Method of de	etermi	nıng	
		ıf applicable		Form 990, Part VIII, line 1g	reven	ues		
1	Art—Works of art	Х	6	<u> </u>	Opinions of experts			
	Art—Historical treasures .				- F			
3	Art—Fractional Interests							
	Books and publications	X		95,260	Opinions of experts			
	Clothing and household							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	217	2.032.283	Market value			
	Securities—Closely held stock .		==/					
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation							
	contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Horse							
	equipment for Equestrian							
25	Other (describe Center)	X	3	11,947	Fair value			
	Computer							
26	Other (describe <u>equipment</u>)	Х	4	5,581	List Price			
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received			er for contributions for	29			18
	which the organization complete Acknowledgement				25			
	Acknowledgement I I I						Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date of	of the initial	contribution, and which is	not required to be used for a	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	·		·		31	Yes	
32a	Does the organization hire or us contributions?	•	•	to solicit, process, or sell i	non-cash	32a	Yes	
ь	If "Yes", describe in Part II							
	If the organization did not report	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II		, ,, , , , , , , , , , , , , , , ,					
or P	aperwork Reduction Act Notice, see	the Instruct	tions for Form 990.	Cat No 51227J	Schedule	M (For	·m 990`	2008

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation SchM_P01_S00_L32b Schedule M, Part I, Line 32b For gifts of stock, the College's policy is to transfer the stock to a bank that sells the stock and transfers the proceeds to the College For gifts of tangible real or personal property, the College engages the services of an auction house or real estate agent to sell the property and transfer the proceeds to the College

DLN: 93493134051050

04-2103578

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization Employer identification number The Trustees of Mount Holyoke College

ldentifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	In October, 2008, the Board of Trustees approved the following revisions to the College's bylaws 1 Updated position titles, areas of of responsibility, and committee names to reflect the College's current organizational structure 2 Agreed to allow electronic communications as official notice of Board meetings 3 Updated roles and responsibilities of Finance Committee 4 Transferred stewardship of bylaws from the Executive to the Nominating and Governance Committee 5 Clarified role of Education Committee in a number of academic policy areas 6 Articulated Audit Committee's role in risk management 7 Updated librarian's employment status (librarians used to be considered members of the faculty) 8 Articulated contracting authority of president and delegates 9 Updated policy on non-discrimination 10 Articulated policy of employee indemnification

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	1	According to the College's bylaws, five Trustees, known as Alumnae Trustees, shall be elected by the alumnae in accordance with the bylaws of the Alumnae Association. One Alumna Trustee shall be elected each year to serve for a period of five years. In addition, the President of the Alumnae Association shall serve as a sixth Alumna Trustee during her three-year term of office. The election of Trustees, other than Alumnae Trustees, may be held at any regular or special meeting provided that written notice of such election, including the names of nominees, has been made at least seven days prior to the meeting. Nominations shall be made by the Nominating and Governance Committee. A two-thirds vote of the Trustees present at a duly called meeting shall be necessary for election of a Trustee.

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	Annual review of the College's Form 990 is delegated to the Audit Committee. The Nominating and Governance Committee is responsible for reviewing the sections of the Form 990 that pertain to compensation and reporting back to the Audit Committee. This process permits the group of Trustees (the Audit Committee) who are most knowledgeable to review the document on behalf of the entire Board. The Audit Committee reports their findings to the Board of Trustees and the complete copy of the Form 990 is provided to each Board member prior to filing.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The College requires each member of the Board of Trustees to complete and file a Conflict of Interest Disclosure Form with the Secretary of the Board of Trustees semiannually in May and October. If the Trustee does not return the form then the Assistant to the Board of Trustees sends a second form for completion. If that is not returned, then the Trustee is asked to complete and submit the form at the next Board of Trustee meeting. In addition, each key employee is asked to complete and file a Conflict of Interest Disclosure Form annually. The information on the submitted forms is summarized by the Vice President for Finance and Administration who provides a copy of the summary to the the Audit Committee annually. The Audit Committee reviews the information disclosed and advises the President and the Chair of the Board as to potential conflicts. The Audit Committee may, at its discretion, delegate this annual review to the Chair of the Committee. By signing the Annual Conflict of Interest Disclosure Form, each individual agrees to answer any questions about potential conflicts that Board members may have

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Annually, the Human Resources Department assembles comparative salary data for all senior/executive positions at the College including. President and all Vice Presidents (Vice President for Academic Affairs/Dean of the Faculty, Vice President of Finance and Administration, Vice President of Advancement/Development, Vice President of Student Affairs/Dean of the College, and Vice President for Enrollment and College Relations.) This process was last undertaken on May 8, 2009 for each of the positions mentioned above. Salary data for these executive positions is compiled from the Administrative Compensation Survey conducted annually by the College and University Professional Association for Human Resources (CUPA-HR) and assembled and analyzed using several views (25th and 75th percentiles, median, and mean) for salary data from all private independent institutions by comparable budget quartile as Mount Holyoke College, and from a selection of participating Consortium on Financing Higher Education (COFHE) institutions. In addition, Mount Holyoke College participates in a survey on executive total compensation which is conducted annually by a third party compensation consultant (currently conducted by the Pierson Group). Twenty-five of the College's peer institutions also participate in this survey. Salary data from this survey is analyzed in a similar fashion to the CUPA-HR data. This salary data, along with salaries of current Mount Holyoke College incumbents, is assembled and shared with the Chair of the Board of Trustees and with the Chair of the Nominating and Governance Committee. The data is then presented to the full Nominating and Governance Committee for discussion and decision on what salary adjustments, if any, will be recommended and brought to the full Board for a vote at their executive session. The Chair of the Board of Trustees is responsible for oversight of the review of performance of the President. The President is responsible for oversight of performance management for the Vice Presidents. With

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The College makes its bylaws, conflict of interest policy and financial statements available to the public via the Mount Holyoke College wiebsite. In addition, the audited financial statements and the Form 990 are available on the wiebsite of the Massachusetts Attorney General

ldentifie	r	Return Reference	Explanation
F990_P11_S00)_L02b	Form 990, Part XI, Line 2b	Mount Holyoke College has consolidated audited financial statements with Willits Hallow ell Center Inc The consolidated financial statements are audited by an independent accountant, and the College has an Audit Committee that oversees both the audit of those consolidated financial statements and the selection of an independent accounting firm

DLN: 93493134051050

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** The Trustees of Mount Holyoke College 04-2103578 Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

Part II Identification of Related Tax-Exempt Organizations

(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
Willits Hallowell Center Inc c/o Mount Holyoke College 50 College StreetSouth Hadley, MA01075 04-2565823	Food sales and facility rental for college functions	МА	501(c)(3)	11d	N/A
Alumnae Association of Mount Holyoke College c/o Mount Holyoke College 50 College StreetSouth Hadley, MA01075 04-2105894	To advance interest in MHC by creating a relationship between the College and the alumnae	МА	501(c)(3)	11a	N/A
Associated Kyoto Program Inc Smith College Controllers Office College Hall Room 204Northampton, MA01063 04-2996114	To provide educational exchange at Doshisa University in Kyoto, Japan for American college students	MA	501(c)(3)	11(d)	N/A
Center Redevelopment Corporation 17 College Street South Hadley, MA01075 04-2939950	Real estate investment and management	МА	501(c)(3)	11(a)	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	•	Cat No 50135Y	,		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(B) Primary ad	ctivity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	1) prtionate tions?	Code V—UBI on Box 20 o		Gener mana partr	ral o agıng
								Yes	No	1		Yes	No
									+				
									<u> </u>				<u> </u>
	•		•	•						•			
Part IV Identification of Re	elated Org	ganizations	Taxable a										
(A) Name, address, and EIN of related orga	anızatıon	(B) Primary activi	ity	(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 incor	ne	Sha end-	(G) are of of-year ssets	Perce	H) Intage Ership	
The Center Business Corporation 17 College Street South Hadley, MA01075 04-2983326		Small business investment		МА	N/A	С	-5	665		13,741	1 00	%	
Alenas Imaging Inc 61 Hickory Ridge Road Conway, MA01341 00-0991828		Research and development services and manufacturing of scientific instruments	of	DE	N/A	С		0		9,999	10 %		
						1							

No

No

No

No

No

No

No

No

No

Part V Transactions with Related Organizations	
Note. Complete line 1 if any entity is listed in Parts II, III or IV	Yes
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts I	II-IV?
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a
b Gift, grant, or capital contribution to other organization(s)	1b Yes
c Gift, grant, or capital contribution from other organization(s)	1c
d Loans or loan guarantees to or for other organization(s)	1d
e Loans or loan guarantees by other organization(s)	1e
f Sale of assets to other organization(s)	1f
g Purchase of assets from other organization(s)	1g
h Exchange of assets	1h
i Lease of facilities, equipment, or other assets to other organization(s)	1i Yes
j Lease of facilities, equipment, or other assets from other organization(s)	1j
k Performance of services or membership or fundraising solicitations for other organization(s)	1k Yes
Performance of services or membership or fundraising solicitations by other organization(s)	1l Yes
m Sharing of facilities, equipment, mailing lists, or other assets	1m Yes
n Sharing of paid employees	1n
• Reimbursement paid to other organization for expenses	10 Yes
p Reimbursement paid by other organization for expenses	1p Yes
q Other transfer of cash or property to other organization(s)	1q Yes
The Cher transfer of cash or property from other organization(s)	1r

7	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	
_	in the distrer to diff of the above is 1 cs,	see the matractions for information on who mast complete this line, including covered relationships and transaction timesholds	

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Willits Hallowell Center Inc	k	190,717
(2)	Willits Hallowell Center Inc	I	494,790
(3)	Willits Hallowell Center Inc	m	350,000
(4)	Willits Hallowell Center Inc	q	241,497
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No										
			•			•	•	Sabadula	D / Form	000) 2000										

Software ID: Software Version:

EIN: 04-2103578

Name: The Trustees of Mount Holyoke College

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
			(C) Position (check all that apply)						(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Leslie A Miller , Chair, Board of Trustees	5	Х						0	0	0	
Susan Bonneville Weatherbie , Vice Chair, Board of Trustees	3	×						0	0	0	
Jeanne E Amster , Trustee	2	Х						0	0	0	
Janet Falık Aserkoff , Alumna Trustee	1	Х						0	0	0	
Susan Bateson , Trustee	2	Х						0	0	0	
Barbara M Baumann , Trustee	2	Х						0	0	0	
Barbara Moakler Byrne , Trustee	1	Х						0	0	0	
Eleanor C Chang , Trustee	1	Х						0	0	0	
Ellen M Cosgrove , Alumna Trustee	1	Х						0	0	0	
Mary Beth Topor Daniel , Trustee	2	Х						0	0	0	
Mary Graham Davis , Trustee	1	Х						0	0	0	
Barbara Desoer , Trustee	1	Х						0	0	0	
Lıla Gıerasch , Alumna Trustee	1	Х						0	0	0	
Ludmıla Schwarzenberg Hess , Trustee	1	X						0	0	0	
Katherine L Kraschel , Trustee	1	X						0	0	0	
Anthony Lake , Trustee	1	X						0	0	0	
Mındy McWilliams Lewis , Trustee	2	Х						0	0	0	
Guy R Martin , Trustee	2	Х						0	0	0	
Audrey A McNiff , Trustee	2	Х						0	0	0	
Frances Miller , Trustee	2	X						0	0	0	
Susan d'Olive Mozena , Alumna Trustee	1	X						0	0	0	
Richard E Neal , Trustee	1	Х						0	0	0	
Deborah Northcross , Alumna Trustee	1	Х						0	0	0	
Kavıta N Ramdas , Trustee	1	Х						0 0		0	
H Jay Sarles , Trustee	2	X						0 0		0	
Nancy J Vickers , Trustee	1	X						0	0	0	
David Wilson , Trustee	1	Х						0	0	0	
Margaret L Wolff , Trustee	1	Х						0	0		
Joanne Creighton , President	40	Х		Х				397,199	0	65,956	
Donal O'Shea , Dean of Faculty & Vice President for Academic Affairs	40			Х				224,514	0	50,075	

Form 990, Part VII - Section Aaa

FORM 990, Part VII - Section Ada										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(5)	(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Charles Haight , Vice President for Development	40			х				214,005	0	24,969
Jane Brown , Vice President for Enrollment & College Relations	40			х				196,977	0	33,103
Mary Jo Maydew , Vice President for Finance & Administration, Treasurer	32			х				167,021	0	26,749
Penny Gill , Dean of the College	40			Х				165,515	0	25,294
Jesse Lytle , Assistant to the President, Secretary of the College	40			х				81,920	0	27,772
Joseph Ellis , Professor of History	40					Х		179,157	0	40,703
Howard Nicholson , Professor of Physics	40					Х		168,292	0	40,795
Roberto Marquez , Professor of Latin American & Carribean Studies	40					x		155,128	0	22,541
Lee Bowie , Professor of Philosophy	40					Х		147,767	0	35,194
Patricia VandenBerg , Executive Director of Communications and Strategic Initiatives	40					x		143,309	0	15,047

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Mount Holyoke College is a highly selective, nondenominational, residential, research liberal arts college for women. The College's long, distinguished history of educating leaders arises from a powerful combination of academic excellence in a global learning environment. As the first of the Seven Sisters-the female equivalent of the once predominantly male Ivy League-Mount Holyoke has led the way in women's education, preparing students for purposeful engagement in the world.