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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
The Trustees of Mount Holyoke College

Doing Business As
Mount Holyoke College

Number and street (or P O box if mail is not delivered to street address) | Room/suite
50 College Street

City or town, state or country, and ZIP + 4
South Hadley, MA 01075

D Employer identification number
04-2103578

E Telephone number
(413) 538-2641

G Gross receipts $ 232,053,895

F Name and address of principal officer
Lynn Pasquerella
50 College Street
South Hadley, MA 01075

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ www mtholyoke edu

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1836 | **M** State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Mount Holyoke College is a liberal arts college committed to educating a diverse residential community of women at the highest level of academic excellence and to fostering the alliance of liberal arts education with purposeful engagement in the world

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	3,211
6	Total number of volunteers (estimate if necessary)	6	1,945
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-139,816
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-883,870

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,722,227	22,564,052
	9	Program service revenue (Part VIII, line 2g)	93,282,861	99,935,890
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,680,287	16,123,462
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,938,737	17,717,112
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,624,112	156,340,516
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,362,911	46,217,342
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	77,374,235	72,918,990
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶7,078,329		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,476,346	53,424,422
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	168,213,492	172,560,754
	19	Revenue less expenses Subtract line 18 from line 12	-31,589,380	-16,220,238

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	753,801,181	785,096,213
	21	Total liabilities (Part X, line 26)	147,346,880	148,655,718
	22	Net assets or fund balances Subtract line 21 from line 20	606,454,301	636,440,495

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date 2011-05-12

▶ Ellen Rutan Comptroller
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 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 $ 113,553,539 including grants of $ 46,217,342) (Revenue $ 91,756,895)

*Instruction, Research, Academic Support and Library Services * Mount Holyoke College is home to approximately 2,200 undergraduate students who benefit from small group instruction in a diverse college community with a 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 $ 24,843,447 including grants of $ 0) (Revenue $ 11,972,402)

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 an interesting blend of experience within each residence hall The College offers housing in many configurations to meet the developing needs of students Each residence hall is unique in design and character Along with being committed to academic success, Mount Holyoke cares about the student's 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 $ 8,577,296 including grants of $ 0) (Revenue $ 12,933,046)

Dining Services At Mount Holyoke College, dining is an integral part of a student's 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 residential dining locations, the campus cafÃ©, and seven continental breakfast locations, and is responsible for all campus center cash operations, vending, a bakery, and a warehouse The qualified and experienced culinary production and service staff are committed to providing high quality and nutritious food in all dining operations

4d Other program services (Describe in Schedule O)

(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e **Total program service expenses** ▶$ 146,974,282

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *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		No
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 similar funds or 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		No
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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A (Yes / No): Yes			
13	Is the organization a school 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 United States?	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 United States? *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 U S ? *If "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 U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
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		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "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 sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part 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	683			
b	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	2a	3,211			
b	If at least one is reported on line 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 (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BD , CH , CJ , EI , FR , LU , UK , 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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 30			
b	Enter the number of voting members that are independent	1b 29			
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , GA , MA

18 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 ☑ Another's 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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See add'l data										

1b Total . . . . ▶	2,554,641	0	494,933

2 Total number of individuals (including but not limited to those listed above) 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	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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*	5		No

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	Invest Mgt & Consulting	962,243
LS Power Equity Partners PIE I 1700 Broadway 35th Fl NY, NY 10019	Invest Mgt & Consulting	271,227
The Silchester International Investors 780 Third Ave 42nd Fl NY, NY 10017	Invest Mgt & Consulting	246,681
Hill - Engineers Architects Planners Inc 50 Depot Street Dalton, MA 01226	Architectural Design	238,044
Convexity Capital Offshore LP c/o Intl Fund Svcs Ireland Ltd 78 Sir John Rogersons Quay Dublin, Ireland EI	Invest Mgt & Consulting	202,008

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶21

Part VIII Statement of Revenue

Section	Line	Description	Box / Business Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . .	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	16,810				
	d	Related organizations . . .	1d	0				
	e	Government grants (contributions)	1e	2,291,176				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,256,066				
	g	Noncash contributions included in lines 1a-1f $ 2,162,932						
	h	**Total.** Add lines 1a-1f . . . . ▶			22,564,052			
Program Service Revenue			Business Code					
	2a	Tuition and Fees	611,310		87,963,488	87,963,488	0	0
	b	Room and Other Board	611,310		11,972,402	11,972,402	0	0
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶			99,935,890			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶			13,926,771	0	-1,079,141	15,005,912
	4	Income from investment of tax-exempt bond proceeds . . ▶			0	0	0	0
	5	Royalties . . . . ▶			15,139	0	0	15,139
			(i) Real	(ii) Personal				
	6a	Gross Rents	469,165	0				
	b	Less rental expenses	432,970	0				
	c	Rental income or (loss)	36,195	0				
	d	Net rental income or (loss) . . . . ▶			36,195	0	0	36,195
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	74,119,477	635,488				
	b	Less cost or other basis and sales expenses	72,152,726	405,548				
	c	Gain or (loss)	1,966,751	229,940				
	d	Net gain or (loss) . . . . ▶			2,196,691	0	0	2,196,691
	8a	Gross income from fundraising events (not including $ 16,810 of contributions reported on line 1c) See Part IV, line 18 . . .	a	7,467				
	b	Less direct expenses . . .	b	6,218				
	c	Net income or (loss) from fundraising events . . ▶			1,249	1,249	0	0
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a					
	b	Less direct expenses . . .	b					
	c	Net income or (loss) from gaming activities . . . ▶						
	10a	Gross sales of inventory, less returns and allowances .	a	13,111,089				
	b	Less cost of goods sold . .	b	2,715,917				
	c	Net income or (loss) from sales of inventory . . ▶			10,395,172	10,126,851	268,321	0
		Miscellaneous Revenue	Business Code					
	11a	Educational Conferences	721,000		903,143	232,139	671,004	0
	b	Fees, Service and Other Income	611,310		6,366,214	6,366,214	0	0
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . . ▶			7,269,357			
	12	**Total revenue.** See Instructions . . . ▶			156,340,516	116,662,343	-139,816	17,253,937

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	102,500	102,500		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	45,233,128	45,233,128		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	881,714	881,714		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,170,268	742,232	1,171,393	256,643
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	53,642,340	48,209,378	2,931,722	2,501,240
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,466,840	4,897,653	307,350	261,837
9 Other employee benefits	7,684,057	6,905,662	420,318	358,077
10 Payroll taxes	3,955,485	3,554,794	216,365	184,326
11 Fees for services (non-employees)				
a Management	507,843	291,020	191,792	25,031
b Legal	277,792	39,082	236,050	2,660
c Accounting	190,500	32,500	158,000	0
d Lobbying	5,000	0	5,000	0
e Professional fundraising *See Part IV, line 17* . .	0			0
f Investment management fees	8,252,086	0	8,252,086	0
g Other	3,862,515	2,934,841	798,458	129,216
12 Advertising and promotion	88,621	42,978	39,589	6,054
13 Office expenses	5,091,912	4,345,331	420,262	326,319
14 Information technology	1,412,837	1,387,026	19,961	5,850
15 Royalties . .	4,765	4,765	0	0
16 Occupancy	4,409,328	4,097,671	104,560	207,097
17 Travel	1,402,699	1,034,038	134,626	234,035
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	291,452	247,255	32,901	11,296
20 Interest	5,529,598	4,331,314	1,082,657	115,627
21 Payments to affiliates	422,937	248,650	136,090	38,197
22 Depreciation, depletion, and amortization	10,587,949	10,168,267	186,316	233,366
23 Insurance	2,366,511	1,991,281	356,625	18,605
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)				
a Allocated Expenses	0	71,550	-71,550	0
b Alumnae Association Support	2,039,316	0	0	2,039,316
c Payments to Life Income Beneficiaries	733,117	0	733,117	0
d Equipment Maintenance & Repair	1,791,613	1,687,251	43,675	60,687
e Public Safety Collaborative Expenses	2,108,011	2,108,011	0	0
f All other expenses	2,048,020	1,384,390	600,780	62,850
25 **Total functional expenses.** Add lines 1 through 24f	172,560,754	146,974,282	18,508,143	7,078,329
26 **Joint costs.** Check here ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		5,654,552	2	6,314,241
	3	Pledges and grants receivable, net		29,297,395	3	27,026,380
	4	Accounts receivable, net		2,550,463	4	2,437,484
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		378,021	5	483,314
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		33,180	7	116,230
	8	Inventories for sale or use		773,205	8	751,746
	9	Prepaid expenses and deferred charges		2,196,890	9	1,781,462
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 337,133,382			
	b	Less accumulated depreciation	10b 155,023,020	183,769,740	10c	182,110,362
	11	Investments—publicly traded securities		110,161,835	11	110,174,360
	12	Investments—other securities See Part IV, line 11		396,585,215	12	429,586,482
	13	Investments—program-related See Part IV, line 11		17,195,150	13	17,917,136
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,205,535	15	6,397,016
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		753,801,181	16	785,096,213
Liabilities	17	Accounts payable and accrued expenses		10,371,372	17	9,465,749
	18	Grants payable			18	0
	19	Deferred revenue		2,162,037	19	1,691,993
	20	Tax-exempt bond liabilities		88,020,411	20	86,085,325
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,500,000	23	3,700,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		43,293,060	25	47,712,651
	26	**Total liabilities.** Add lines 17 through 25		147,346,880	26	148,655,718
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		120,343,742	27	73,437,254
	28	Temporarily restricted net assets		256,244,332	28	339,610,744
	29	Permanently restricted net assets		229,866,227	29	223,392,497
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		606,454,301	33	636,440,495
	34	Total liabilities and net assets/fund balances		753,801,181	34	785,096,213

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
7 Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	**15**	
16 Public support percentage from 2008 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	**17**	
18 Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		5,000
j	Total lines 1c through 1i			5,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The College pays membership dues to organizations that address state and federal regulatory issues for the collective benefit of member institutions The organizations notify the College of the amount of membership dues used for lobbying expense

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 77,700

(ii) Assets included in Form 990, Part X ▶ $ 9,678,175

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0

b Assets included in Form 990, Part X ▶ $ 0

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☑ Scholarly research
c ☑ Preservation for future generations
d ☑ Loan or exchange programs
e ☐ Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	503,167,897	662,904,332			
b Contributions	6,071,042	3,515,032			
c Investment earnings or losses	60,421,588	-127,229,846			
d Grants or scholarships	7,082,487	6,613,057			
e Other expenditures for facilities and programs	19,394,159	20,145,463			
f Administrative expenses	9,600,451	9,263,101			
g End of year balance	533,583,430	503,167,897			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 14.74 %

b Permanent endowment ▶ 85.21 %

c Term endowment ▶ 0.05 %

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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	22,082,618		22,082,618
b Buildings	0	151,392,705	46,051,334	105,341,371
c Leasehold improvements	0	69,253,425	32,285,935	36,967,490
d Equipment	0	49,590,260	43,826,458	5,763,802
e Other	0	44,814,374	32,859,293	11,955,081
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				182,110,362

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other Equity Mutual/Comingled Funds	143,586,848	F
Hedge Funds	120,581,047	F
Inflation Hedging	56,629,689	F
Debt Related	24,857,343	F
Venture Capital	78,645,540	F
Other	5,286,015	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	429,586,482	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Grants Receivable	17,917,136	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	17,917,136	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Assets	6,397,016
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	6,397,016

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
Interest Rate Swap Liability	12,894,489
FAS 158 Pension Liability	2,980,540
Fin 47 Conditional Asset Retirement Obligation	8,582,429
Pension 457(b) Liability	367,608
Refundable Government Advances	4,625,691
Split Interest Obligation	18,261,894
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	47,712,651

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	156,340,516
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	172,560,754
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-16,220,238
4	Net unrealized gains (losses) on investments	4	50,493,124
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-4,276,308
9	Total adjustments (net) Add lines 4 - 8	9	46,216,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	29,996,578

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	198,977,568
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	50,493,123		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	-10,048,826		
e	Add lines **2a** through **2d**			2e	40,444,297
3	Subtract line **2e** from line **1**			3	158,533,271
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	-2,192,755		
c	Add lines **4a** and **4b**			4c	-2,192,755
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	156,340,516

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	165,695,594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIV)	2d	4,866,797		
e	Add lines **2a** through **2d**			2e	4,866,797
3	Subtract line **2e** from line **1**			3	160,828,797
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,731,957		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	11,731,957
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	172,560,754

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 IV, 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 Also complete this part to provide any additional information

Identifier	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 staff develop 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 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 operation 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 includes Willits subsidy of -233,848, Willits internal sales of 23,148, change in value of interest rate swaps of -3,285,397, other endowment changes of 3,314,579, and change in split interest obligations of -4,094,790
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Other includes Willits Hallowell revenue of 1,500,992, change in split interest obligation of -4,094,790, investment expenses of -10,048,826 and other endowment changes of 3,314,579
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Other includes cost of goods sold of -2,715,917, fundraising expenses of -6,218, faculty housing of -432,970 and interest payment on swap 962,350
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Other changes include cost of goods sold of 2,715,917, Willits expense of 1,734,840, Willits internal sales of -23,148, faculty housing expense of 432,970, and fundraising expense of 6,218

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

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 follows a nondiscriminatory policy toward faculty, students and staff, and with regard to students, includes this policy in most brochures and catalogues dealing with student admissions, programs and scholarships Mount Holyoke's 2,200 students hail from 48 states and nearly 70 countries and the College demonstrates its commitment to diversity by enrolling students of racial minority groups in meaningful numbers The racially diverse student body consists of approximately 20% who are international citizens Out of domestic students, 28% identify as African American, Asian American, Latina, Native American or multiracial			
4	Does the organization maintain the following?			
a	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, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	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
e	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, use Schedule O (Form 990)			
6a	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		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for region
See Add'l Data					
Totals . . . . . ►	2	2			1,611,407

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . ▶

Part III **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.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of 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 Abroad Program and attend a college or university outside the United States	Central America and the Caribbean	4	17,490	A check is mailed to each individual's bank account			
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside the United States	Europe (including Iceland and Greenland)	79	649,545	A check is mailed to each individual's bank account			
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside the United States	East Asia and the Pacific	14	138,424	A check is mailed to each individual's bank account			
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside the United States	Middle East and North Africa	2	9,586	A check is mailed to each individual's bank account			
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside the United States	South America	7	55,744	A check is mailed to each individual's bank account			
The College awards financial aid to qualifying students who participate in the Junior Year Abroad Program and attend a college or university outside the United States	Sub-Saharan Africa	2	10,925	A check is mailed to the individual's bank account			

Part IV **Supplemental Information**

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

Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	All financial aid grants and scholarships to students are recorded in the financial aid management software, PowerFAIDS, by amount per semester Financial services staff determine student eligibility based on a consistently applied need analysis formula which calculates 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 receive to pay the bill due to the foreign 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 the 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

Additional Data

Software ID:
Software Version:
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	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Grant aid to qualifying students studying abroad	17,537
Central America and the Caribbean	0	0	Program Services	Faculty scholarly work	1,136
Central America and the Caribbean	0	0	Program Services	Cultural immersion program in Costa Rica	53,868
Central America and the Caribbean	0	0	Investments		
East Asia and the Pacific	1	1	Program Services	The College has an agent who coordinates a summer study abroad program in Beijing, China The College also offers cultural immersion programs and grant aid to qualifying students studying abroad	202,302
East Asia and the Pacific	0	0	Program Services	Faculty scholarly work	8,911
East Asia and the Pacific	0	0	Program Services	Student recruiting and outreach	2,839
East Asia and the Pacific	0	0	Fundraising	Meeting with alumnae	2,796
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 cultural immersion programs and grant aid to qualifying students studying abroad	743,224
Europe (including Iceland and Greenland)	1	1	Program Services	The College has an agent in Montpellier, France who is responsible for all study abroad administration and coordination in France	386,030
Europe (including Iceland and Greenland)	0	0	Program Services	Faculty scholarly work	56,679
Europe (including Iceland and Greenland)	0	0	Fundraising	Meeting with alumnae	2,207
Europe (including Iceland and Greenland)	0	0	Program Services	Student recruiting	2,133
Middle East and North Africa	0	0	Program Services	Grant aid to qualifying students studying abroad	9,586
Middle East and North Africa	0	0	Program Services	Student recruiting and outreach	4,699
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Faculty scholarly work and meetings	13,986
South America	0	0	Program Services	Grant aid to qualifying students studying abroad	55,744
South America	0	0	Program Services	Faculty scholarly work	1,894
Sub-Saharan Africa	0	0	Program Services	Grant aid to qualifying students studying abroad and cultural immersion programs	44,525
Sub-Saharan Africa	0	0	Program Services	Faculty scholarly work	1,311

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and e-mail solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- 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 ☐ No

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) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 Friends of Athletics (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	24,277			24,277
	2	Less Charitable contributions	16,810			16,810
	3	Gross income (line 1 minus line 2)	7,467			7,467
Direct Expenses	4	Cash prizes	0			0
	5	Non-cash prizes	1,859			1,859
	6	Rent/facility costs	0			0
	7	Food and beverages	0		0	0
	8	Entertainment	0		0	0
	9	Other direct expenses	4,358			4,358
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				6,217
	11	Net income summary Combine lines 3, column d, and line 10 ▶				1,250

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ______			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility **13a**			
b	An outside facility **13b**			
14	Enter 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**		
b	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			
a	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 ▶ $			

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WFCRUniversity of Massachusetts Hampshire House Amherst, MA 01003	046130523	501(c)(3)	32,250	0			General support for local public radio station
Town of South Hadley116 Main Street South Hadley, MA 01075	046001303	Government Entity	70,250				Out of the total grant amount, $60,000 is for the purchase of land for a town park and $10,250 is for support services including ambulatory services

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 1

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
Fellowships and student financial aid for tuition, room and board expenses at Mount Holyoke College and other institutions within the United States	1802	45,233,128			
See Additional Data Table					

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

Identifier	**Return Reference**	**Explanation**
SchI_P01_S00_L02	Schedule I, Part I, Line 2	All financial aid grants and scholarships to students are recorded in the financial aid management software, PowerFAIDS, by amount per semester Financial services staff determine student eligibility based on a consistently applied need analysis formula which calculates 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 Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures Infrequently, at the discretion of the President or Vice President for Finance and Administration, the College makes donations to support the town or local non profit organizations In these instances, the College generally does not monitor the ultimate use of the funds as these amounts are unrestricted grants to municipalities and local organizations that are recognized as being described in Internal Revenue Code Section 501 (c)(3) In certain instances when the College grants funds for specified use by the town, the College maintains a written agreement that such grant will be used for the designated purpose

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Joanne Creighton	(i)	373,730	0	34,599	25,725	49,343	483,397	0
	(ii)	0	0	0	0	0	0	0
Donal O'Shea	(i)	214,352	0	9,540	22,995	28,739	275,626	0
	(ii)	0	0	0	0	0	0	0
Charles Haight	(i)	216,848	0	4,293	22,995	2,982	247,118	0
	(ii)	0	0	0	0	0	0	0
Jane Brown	(i)	206,199	0	0	21,945	13,231	241,375	0
	(ii)	0	0	0	0	0	0	0
Mary Jo Maydew	(i)	169,547	0	0	18,396	10,096	198,039	0
	(ii)	0	0	0	0	0	0	0
Penny Gill	(i)	184,803	0	0	19,583	6,765	211,151	0
	(ii)	0	0	0	0	0	0	0
Joseph Ellis	(i)	180,123	0	0	19,950	21,276	221,349	0
	(ii)	0	0	0	0	0	0	0
Howard Nicholson	(i)	172,844	0	0	19,250	21,016	213,110	0
	(ii)	0	0	0	0	0	0	0
Charlotte Patriquin	(i)	153,960	0	1,889	16,485	7,759	180,093	0
	(ii)	0	0	0	0	0	0	0
Anthony Lee	(i)	131,764	0	20,598	12,915	15,106	180,383	0
	(ii)	0	0	0	0	0	0	0
George Cobb	(i)	70,208	0	200,514	6,904	47,398	325,024	0
	(ii)	0	0	0	0	0	0	0
Lee Bowie	(i)	124,982	0	0	14,438	22,689	162,109	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	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 her official duties in the areas of development, alumni relations and other business of the College, the President may be accompanied by her spouse/partner, who is expected to make an important contribution to achieving the purpose 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 necessary for business purposes and is paid by the College, the following conditions must be met in order to exclude 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 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 An amount is included as a nontaxable benefit for the personal use of College provided housing 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 cost for cleaning the personal quarters of the President's house is included in the Form W-2 of the President The College pays for the President's membership in a social club to provide a location for New York City College related events and meetings Since this membership is exclusively for business related events, no amounts are included in compensation or benefits
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	For a description of the process used to determine the President's compensation, please refer to Schedule O, Part VI, Section B, Line 15

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008	04-3431814	57583RUS2	03-27-2008	40,231,354	Construct and equip campus facilities		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	40,231,354				
2	Gross proceeds in reserve funds	0				
3	Proceeds in refunding or defeasance escrows	0				
4	Other unspent proceeds	0				
5	Issuance costs from proceeds	456,354				
6	Working capital expenditures from proceeds	0				
7	Capital expenditures from proceeds	39,775,000				
8	Year of substantial completion	2008				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	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?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	2 67 %									
6	Total of lines 4 and 5	2 67 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Joanne Creighton Split Dollar Receivable		X	327,600	289,136		No	Yes		Yes	
Jane Brown Shared Appreciation Mortgage		X	57,875	57,875		No	Yes		Yes	
Jesse Lytle Home Mortgage		X	167,000	136,303		No	Yes		Yes	
Total . . . . . . ▶ $				483,314						

Part III **Grants or Assistance Benefitting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Michael Crowley	Spouse of VP for Finance & Admin	93,238	Comp as Dir of Networking MHC		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	9	67,700	Opinions of experts
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		10,000	Opinions of experts
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	3,500	Fair value
8 Intellectual property				
9 Securities—Publicly traded	X	240	2,074,184	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Laser printers)	X	2	1,998	Fair value
26 Other ▶ (Microscope)	X	1	1,800	Fair value
27 Other ▶ (Saddle)	X	1	3,750	Fair value
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	3

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	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

Additional Data

Software ID:	
Software Version:	
EIN:	04-2103578
Name:	The Trustees of Mount Holyoke College

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Identifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	According to the College's by-laws, five Trustees known as Alumna Trustees, shall be elected by the alumnae in accordance with the by-laws of the Alumnae Association One Alumna Trustee shall be elected by the alumnae in accordance with the by-laws 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

Identifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	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 member prior to filing

Identifier	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 annually If a 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 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 that Board members may have about potential conflicts

Identifier	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 for Finance and Administration, Vice President for Advancement/Development, Vice President of Student Affairs/Dean of the College, and Vice President for Enrollment and College Relations) and the Assistant/Senior Advisor to the President This process was last undertaken in May 2010 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 the oversight of the review of performance of the President The President is responsible for oversight of performance management for the Vice Presidents With regard to the President's compensation, in addition to comparative salary data, the Human Resources Department also assembles a summary report of Presidential "total" compensation This report is also reviewed by and discussed with the Nominating and Governance Committee and shared with the entire Board at their executive session

Identifier	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 website In addition, the audited financial statements and the Form 990 are available on the website of the Massachusetts Attorney General

Identifier	Return Reference	Explanation
SchK_P03_S00_L03b	Schedule K, Part III, Line 3b	The College receives government grant funding for basic research for the advancement of scientific knowledge with no commercial objective Some research takes place in campus facilities that were constructed or renovated using tax exempt bond proceeds, however, the College meets the safe harbor for reporting this research as not being private use

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
The Trustees of Mount Holyoke College

Employer identification number
04-2103578

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Willits Hallowell Center Inc c/o Mount Holyoke College 50 College Street South Hadley, MA 01075 04-2565823	Food sales and facility rental for College functions	MA	501(c)(3)	11(d)	N/A
Alumnae Association of Mount Holyoke College c/o Mount Holyoke College 50 College Street South Hadley, MA 01075 04-2105894	To advance interest in MHC by fostering the relationship between the College and the alumnae	MA	501(c)(3)	11(a)	N/A
Associated Kyoto Program Inc Smith College Controllers Office College Hall Room 204 Northampton, MA 01063 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, MA 01075 04-2939950	Real estate investment and management	MA	501(c)(3)	11(a)	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e Loans or loan guarantees by other organization(s)	**1e**		**No**
f Sale of assets to other organization(s)	**1f**		**No**
g Purchase of assets from other organization(s)	**1g**		**No**
h Exchange of assets	**1h**		**No**
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**		**No**
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l 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**		**No**
o Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**		**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved
(1) Willits Hallowell Center Inc	k	190,740
(2) Willits Hallowell Center Inc	l	432,967
(3) Willits Hallowell Center Inc	m	350,000
(4) Willits Hallowell Center Inc	q	233,848
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID: 09000073
Software Version: v1.00
EIN: 04-2103578
Name: The Trustees of Mount Holyoke College

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
The Center Business Corporation 17 College Street South Hadley, MA 01075 04-2983326	Small business investment	MA	N/A	C	565	13,176	1 00 %
EB Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-3360903	Charitable Trust	MA	N/A	T		118,006	65 %
MDC Trust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-3458603	Charitable Trust	MA	N/A	T		137,064	79 %
CC Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6732296	Charitable Trust	MA	N/A	T		332,539	78 %
JF Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6845125	Charitable Trust	MA	N/A	T		46,571	72 %
MCF Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6921565	Charitable Trust	MA	N/A	T		57,623	70 %
MF Charitable Remainder Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6933994	Charitable Trust	MA	N/A	T		178,395	60 %
BJG Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6603570	Charitable Trust	MA	N/A	T		35,456	65 %
HS Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6790550	Charitable Trust	MA	N/A	T		121,468	93 %
CLJ Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 02-6088814	Charitable Trust	MA	N/A	T		80,603	93 %
MJ Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-3217331	Charitable Trust	MA	N/A	T		61,140	82 %
MRJ Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-3343634	Charitable Trust	MA	N/A	T		103,755	68 %
BBK Trust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6929303	Charitable Trust	MA	N/A	T		46,619	51 %
DCL Trust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6882822	Charitable Trust	MA	N/A	T		56,733	70 %
MM Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 13-6533040	Charitable Trust	MA	N/A	T		285,606	56 %
SM Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6823646	Charitable Trust	MA	N/A	T		66,348	69 %
SN Trust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 20-6804046	Charitable Trust	MA	N/A	T		65,580	51 %
BJP Charitable Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-6946865	Charitable Trust	MA	N/A	T		59,448	56 %
MT Unitrust c/o BNY Mellon BNY Mellon Ctr 201 Washington St Boston, MA 02108 04-3360901	Charitable Trust	MA	N/A	T		61,623	70 %
SB Trust c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		143,671	76 %
MBB Trust c/o Mount Holyoke College 50 College Street South Hadley, MA 01075	Charitable Trust	MA	N/A	T		86,400	97 %
CMM Trust c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		116,589	67 %
EB Unitrust c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		76,403	86 %
MF Unitrust #2 c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		1,256,602	61 %
MF Unitrust #1 c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		515,691	61 %
EPG Unitrust c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		235,430	1 00 %
RIS Trust c/o Mount Holyoke College 50 College St South Hadley, MA 01075	Charitable Trust	MA	N/A	T		23,553	76 %
JAS Trust c/o Mount Holyoke College 50 College Street South Hadley, MA 01075	Charitable Trust	MA	N/A	T		316,456	1 00 %

Additional Data

Software ID:
Software Version:
EIN: 04-2103578
Name: The Trustees of Mount Holyoke College

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leslie A Miller Chair, Board of Trustees	5	X						0	0	0
Mindy McWilliams Lewis Vice Chair, Board of Trustees	3	X						0	0	0
Jeanne E Amster Trustee	2	X						0	0	0
Janet Falik Aserkoff Alumna Trustee	1	X						0	0	0
Susan Bateson Trustee	2	X						0	0	0
Barbara M Baumann Trustee	2	X						0	0	0
Sava A Berhane Trustee	1	X						0	0	0
Barbara Moakler Byrne Trustee	1	X						0	0	0
Eleanor C Chang Trustee	1	X						0	0	0
Ellen M Cosgrove Alumna Trustee	1	X						0	0	0
Mary Beth Topor Daniel Trustee	2	X						0	0	0
Mary Graham Davis Trustee	1	X						0	0	0
Lila Gierasch Alumna Trustee	1	X						0	0	0
Ludmila 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
Guy R Martin Trustee	2	X						0	0	0
Audrey A McNiff Trustee	2	X						0	0	0
Susan d'Olive Mozena Alumna Trustee	1	X						0	0	0
Richard E Neal Trustee	1	X						0	0	0
Ellen Hyde Pace Trustee	1	X						0	0	0
Elizabeth A Palmer Trustee	1	X						0	0	0
Kavita N Ramdas Trustee	1	X						0	0	0
Cynthia L Reed Trustee	1	X						0	0	0
H Jay Sarles Trustee	2	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
James Streibich Trustee	1	X						0	0	0
Nancy J Vickers Trustee	1	X						0	0	0
David Wilson Trustee	1	X						0	0	0
Margaret L Wolff Trustee	1	X						0	0	0
Joanne Creighton President	40	X		X				408,328	0	74,561
Donal O'Shea Dean of Faculty & Vice President for Academic Affairs	40			X				223,892	0	51,209
Charles Haight Vice President for Development	40			X				221,141	0	25,452
Jane Brown Vice President for Enrollment & College Relations	40			X				206,199	0	34,651
Mary Jo Maydew Vice President for Finance & Administration, Treasurer	32			X				169,547	0	28,026
Penny Gill Dean of the College	40			X				184,803	0	25,873
Jesse Lytle Assistant to the President, Secretary of the College	40			X				83,849	0	31,825
George Cobb Professor of Mathematics & Statistics	40					X		270,722	0	54,121
Joseph Ellis Professor of History	40					X		180,123	0	40,743
Howard Nicholson Professor of Physics	40					X		172,844	0	40,213
Charlotte Patriquin Chief Information Officer and Executive Director of LITS	40					X		155,849	0	23,820
Anthony Lee Professor of Art History & Chair of Art & Art History	40					X		152,362	0	27,680
Lee Bowie Professor of Philosophy & former Dean of the College	40						X	124,982	0	36,759

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Allocated Expenses	0	71,550	-71,550	0
Alumnae Association Support	2,039,316	0	0	2,039,316
Payments to Life Income Beneficiaries	733,117	0	733,117	0
Equipment Maintenance & Repair	1,791,613	1,687,251	43,675	60,687
Public Safety Collaborative Expenses	2,108,011	2,108,011	0	0