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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

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

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: MILLS COLLEGE; Doing Business As; Number and street (or P.O. box if mail is not delivered to street address): 5000 MACARTHUR BLVD; Room/suite; City or town, state or country, and ZIP + 4: OAKLAND, CA 94613

D Employer identification number: 94-1156566; E Telephone number: (510) 430-2223; G Gross receipts \$ 142,240,790

F Name and address of principal officer: JANET L HOLMGREN, 5000 MACARTHUR BLVD, OAKLAND, CA 94613

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

H(b) Are all affiliates included? Yes No

H(c) Group exemption number

I Tax-exempt status: 501(c) (3) (Insert no) 4947(a)(1) or 527

J Website: WWW.MILLS.EDU

K Form of organization: Corporation; L Year of formation: 1852; M State of legal domicile: CA

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, and Net Assets or Fund Balances. Rows include: 1. Mission statement; 2-7. Governance and activities; 8-12. Revenue; 13-19. Expenses; 20-22. Net Assets or Fund Balances.

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: JAMIE NICKEL INTERIM VP FINANCE AND TREASURER; Date: 2011-05-12

Paid Preparer's Use Only: Preparer's signature: GRANT THORNTON LLP; Date; Check if self-employed; Preparer's identifying number; Firm's name: GRANT THORNTON LLP, ONE CALIFORNIA STREET SUITE 2300, SAN FRANCISCO, CA 94111; EIN; Phone no: (415) 986-3900

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

FOUNDED IN 1852, MILLS COLLEGE (THE "COLLEGE") IS AN INDEPENDENT LIBERAL ARTS COLLEGE FOR WOMEN, WITH GRADUATE PROGRAMS FOR BOTH WOMEN AND MEN THE COLLEGE PROVIDES EDUCATION AND TRAINING SERVICES FOR UNDERGRADUATE WOMEN AND GRADUATE WOMEN AND MEN, AND PERFORMS TRAINING AND OTHER PROGRAMS UNDER GRANTS, CONTRACTS AND SIMILAR AGREEMENTS WITH ITS SPONSORS, PRIMARILY DEPARTMENTS AND AGENCIES OF THE UNITED STATES GOVERNMENT, AND PRIVATE DONORS THE COLLEGE EDUCATES ITS STUDENTS TO THINK CRITICALLY AND COMMUNICATE RESPONSIBLY AND EFFECTIVELY, TO ACCEPT THE CHALLENGES OF THEIR CREATIVE VISIONS, AND TO ACQUIRE THE KNOWLEDGE AND SKILLS NECESSARY TO UNDERSTAND THE NATURAL WORLD AND EFFECT THOUGHTFUL CHANGES IN SOCIETY THE COLLEGE ENCOURAGES OPENNESS TO EXPERIMENTATION AND CHANGE IN THE CONTEXT OF ESTABLISHED ACADEMIC DISCIPLINES THE CURRICULUM COMBINES THE TRADITIONAL LIBERAL ARTS WITH NEW EDUCATIONAL INITIATIVES THAT RECOGNIZE THE VALUE OF CULTURAL, RACIAL AND ETHNIC DIVERSITY

**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 \$ 50,654,203 including grants of \$ 20,051,761 ) (Revenue \$ 45,721,127 )  
 THE COLLEGE PROVIDES Instruction, research, public service and academic support to 926 FULL-TIME EQUIVALENT UNDERGRADUATE STUDENTS AND TO 584 FULL-TIME EQUIVALENT GRADUATE STUDENTS IN ADDITION, THE COLLEGE PROVIDES FINANCIAL AID, SCHOLARSHIPS, AND FELLOWSHIPS TO UNDERGRADUATE AND GRADUATE STUDENTS

**4b** (Code ) (Expenses \$ 20,810,225 including grants of \$ 15,620 ) (Revenue \$ 11,226,991 )  
 THE COLLEGE PROVIDES AUXILIARY SERVICES INCLUDING STUDENT HOUSING, FOOD SERVICES, AND OTHER STUDENT SERVICES

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 71,464,428

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<b>6</b>	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? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
<b>9</b>	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? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . .		
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Part I</i> . . . . .	Yes	
<b>15</b>	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? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		No
<b>16</b>	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? <i>If "Yes," complete Schedule F, Part III</i> . . . . .	Yes	
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>22</b></p>	<p>Yes</p>	
<p><b>23</b> 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? <i>If "Yes," complete Schedule J</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>24a</b></p>	<p>Yes</p>	
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p>Yes</p>	
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>		<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>		<p>No</p>
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>26</b></p>	<p>Yes</p>	
<p><b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> 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)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>28b</b></p>	<p>Yes</p>	
<p><b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>28c</b></p>	<p>Yes</p>	
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/></p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>30</b></p>	<p>Yes</p>	
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . <input checked="" type="checkbox"/></p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .</p>	<p><b>34</b></p>		<p>No</p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35</b></p>		<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 309		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,439		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (39); 1b Enter the number of voting members that are independent (37); 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? (Yes); 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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (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 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 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 (checked); 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 (JAMIE NICKEL, 5000 MACARTHUR BLVD, OAKLAND, CA 94613, (510) 430-2223).



<b>1b Total</b>	2,545,939	0	479,870
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**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 **62**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
DPR CONSTRUCTION INC 1510 S WINCHESTER BLVD SAN JOSE, CA 85128	CONSTRUCTION	8,921,868
BON APPETIT COMPASS GROUP PO BOX 59184 BOULDER, CO 80322	FOOD SERVICE	3,132,723
JAMES R GRIFFIN INC 39199 PASEO PADRE PDWY NO B FREMONT, CA 94538	CONSTRUCTION	1,308,201
ABM JANITORIAL SERVICES FILE NO 43673 LOS ANGELES, CA 90074	JANITORIAL SERVICES	903,289
UC REGENTS 2223 FULTON STREET BERKELEY, CA 94720	STUDENT HEALTH CARE	831,988

**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 **41**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>						
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	3,005,078					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	8,547,581					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 1,452,758						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	11,552,659					
<b>Program Service Revenue</b>	<b>2a</b>	TUITION AND FEES	900,099	45,721,127	45,721,127			
	<b>b</b>	AUXILIARY SERVICES	611,710	11,226,991	11,226,991			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	56,948,118					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,328,146		-75,020	1,403,166		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶	0					
	<b>5</b>	Royalties . . . . . ▶	0					
	<b>6a</b>	Gross Rents	(i) Real					
			(ii) Personal					
			<b>b</b>	Less rental expenses				
			<b>c</b>	Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . ▶						
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	71,460,864				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	69,153,418			
			<b>c</b>	Gain or (loss)	2,307,446			
<b>d</b>	Net gain or (loss) . . . . . ▶	2,307,446			2,307,446			
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from fundraising events . . . ▶	0						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . . ▶	0						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . <b>a</b>							
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . . ▶	0						
	Miscellaneous Revenue	Business Code						
<b>11a</b>	MISCELLANEOUS	611,710	725,001		725,001			
<b>b</b>	SWIMMING POOL	713,940	226,002	118,452	107,550			
<b>c</b>								
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		951,003					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		73,087,372	56,948,118	43,432	4,543,163		

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	146,614	146,614		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	19,920,767	19,920,767		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,917,913	437,995	1,175,230	304,688
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	92,403			92,403
<b>7</b>	Other salaries and wages	29,907,901	24,952,466	3,895,328	1,060,107
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,520,068	2,042,122	407,819	70,127
<b>9</b>	Other employee benefits . . . . .	3,808,920	2,783,200	877,119	148,601
<b>10</b>	Payroll taxes . . . . .	2,231,234	1,781,648	355,801	93,785
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	295,279	36,324	215,187	43,768
<b>c</b>	Accounting . . . . .	111,148		111,148	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	65,270			65,270
<b>f</b>	Investment management fees . . . . .	528,029		528,029	
<b>g</b>	Other . . . . .	6,254,953	5,165,010	974,409	115,534
<b>12</b>	Advertising and promotion . . . . .	138,026	111,252	25,800	974
<b>13</b>	Office expenses . . . . .	4,009,590	3,294,048	545,520	170,022
<b>14</b>	Information technology . . . . .	565,326	126,354	400,290	38,682
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	4,450,165	3,898,792	432,268	119,105
<b>17</b>	Travel . . . . .	745,163	586,131	109,177	49,855
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	268,151	170,338	95,661	2,152
<b>20</b>	Interest . . . . .	632,635	531,414	80,977	20,244
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	5,211,933	4,378,024	667,127	166,782
<b>23</b>	Insurance . . . . .	307,522	7,543	299,979	
<b>24</b>	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 )				
<b>a</b>	HOSPITALITY	546,303	316,751	187,046	42,506
<b>b</b>	OTHER EXPENSES	913,062	777,635	3,602	131,825
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	85,588,375	71,464,428	11,387,517	2,736,430
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	36,682	<b>1</b>	32,822
	<b>2</b> Savings and temporary cash investments . . . . .	16,197,159	<b>2</b>	6,701,473
	<b>3</b> Pledges and grants receivable, net . . . . .	24,414,306	<b>3</b>	13,401,280
	<b>4</b> Accounts receivable, net . . . . .	828,788	<b>4</b>	814,007
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	295,504	<b>5</b>	290,388
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,595,407	<b>7</b>	2,721,796
	<b>8</b> Inventories for sale or use . . . . .	473,590	<b>8</b>	206,268
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,873,547	<b>9</b>	1,863,205
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	195,558,007		
	<b>b</b> Less accumulated depreciation . . . . .	72,201,193		
		121,344,144	<b>10c</b>	123,356,814
	<b>11</b> Investments—publicly traded securities . . . . .	66,420,310	<b>11</b>	77,210,735
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	80,726,857	<b>12</b>	80,607,677
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	340	<b>15</b>	687	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	315,206,634	<b>16</b>	307,207,152	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	9,739,708	<b>17</b>	6,904,591
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	35,488,377	<b>20</b>	34,834,260
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	8,840,537	<b>24</b>	0
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	3,814,814	<b>25</b>	3,833,125
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	57,883,436	<b>26</b>	45,571,976
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	77,357,486	<b>27</b>	78,250,361
	<b>28</b> Temporarily restricted net assets . . . . .	56,233,695	<b>28</b>	57,366,201
	<b>29</b> Permanently restricted net assets . . . . .	123,732,017	<b>29</b>	126,018,614
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	257,323,198	<b>33</b>	261,635,176	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	315,206,634	<b>34</b>	307,207,152	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	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 . . . .	Yes	
<b>2d</b>	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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? . . . . .	Yes	
<b>3b</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 . . .	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MILLS COLLEGE

Employer identification number

94-1156566

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).
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).
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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
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...
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...
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?
(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?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public Support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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

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**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

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**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 MILLS COLLEGE	Employer identification number 94-1156566
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**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 function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 720 for this year?		No	

**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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
INFLUENCE ON LEGISLATIVE MATTERS	Part I-A, Line 1 AND PART II-B	THIS ORGANIZATION MAY, TO AN INSUBSTANTIAL DEGREE, MAKE COMMENTS OR STATEMENTS CONCERNING LEGISLATION WHICH MAY IMPACT THE EDUCATION INDUSTRY THE ORGANIZATION HAS NOT INTERVENED IN ANY POLITICAL CAMPAIGN THE ORGANIZATION WILL POSSIBLY ENGAGE IN TELEPHONE CONVERSATIONS AND/OR WRITE LETTERS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECT THE EDUCATION INDUSTRY AS A WHOLE THE AMOUNT OF TIME AND MONEY INVOLVED IN THESE ACTIVITIES IS NEGLIGIBLE

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MILLS COLLEGE

Employer identification number 94-1156566

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 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?

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)?

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 \$ 41,600
(ii) Assets included in Form 990, Part X \$ 2,461,940

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

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

- a Board designated or quasi-endowment 6.520%, b Permanent endowment 93.480%, c Term endowment 0%

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No columns.

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, and Total.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other LIMITED PARTNERSHIPS, INTERNATIONAL EQUITY FUNDS, REITS, and Total.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description, (b) Book value. Includes a Total row at the bottom.

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

Table with 2 columns: (a) Description of Liability, (b) Amount. Rows include Federal Income Taxes, ANNUITY AND LIFE INCOME PAYABLE, GOV'T ADVANCES FOR STUDENT LOANS, and Total.

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**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	73,087,372
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	85,588,375
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-12,501,003
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	15,851,701
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	961,280
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	16,812,981
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	4,311,978

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	70,434,007
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	15,851,701
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	961,280
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,812,981
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	53,621,026
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	520,225
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	18,946,121
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	19,466,346
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	73,087,372

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	66,122,029
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	66,122,029
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	520,225
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	18,946,121
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	19,466,346
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	85,588,375

**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
Collections of Art, Historical Treasures or Other Similar Assets	Part III, Line 4	COLLECTION ITEMS ARE ACQUIRED BY DONATION AND INCLUDE WORKS OF ART, RARE BOOKS AND DOCUMENTS COLLECTIONS ARE HELD FOR THE PURPOSE OF ENHANCING CURRICULUM AND FOR PUBLIC EXHIBITION FOR EDUCATIONAL PURPOSES OR RESEARCH THEY ARE NOT FOR FINANCIAL GAIN COLLECTIONS ARE PROTECTED, CARED FOR, AND PRESERVED
Endowment Funds	Part V, Line 4	ENDOWMENT FUNDS ARE MANAGED AND USED FOR THE PURPOSE OF ENSURING CONTINUED SUPPORT FOR THE COLLEGE'S LONG TERM EDUCATIONAL PURPOSES THE LONG TERM FINANCIAL GOAL FOR THE ENDOWMENT INVESTMENT PORTFOLIO IS TO PROVIDE RELATIVELY STABLE STREAM OF EXPENDABLE REVENUE THAT INCREASES OVER TIME AT LEAST AS FAST AS THE GENERAL RATE OF INFLATION
RECONCILIATIONS		Part XI, Line 8 - OTHER ADJUSTMENTS ACTUARIAL ADJUSTMENT 961,280 ----- 961,280 Part XII, Line 2d - OTHER ADJUSTMENTS ACTUARIAL ADJUSTMENT 961,280 ----- 961,280 Part XII, Line 4b - OTHER ADJUSTMENTS student Financial Aid 18,946,121 ----- 18,946,121 Part XIII, Line 4b - OTHER ADJUSTMENTS Student Financial Aid 18,946,121 ----- 18,946,121
FIN48	PART XIV	MILLS COLLEGE OPERATES AS A NOT-FOR-PROFIT ORGANIZATION AND IS RECOGNIZED AS EXEMPT FROM TAXATION PURSUANT TO THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS ALSO BEEN RECOGNIZED BY THE FRANCHISE TAX BOARD AS EXEMPT FROM STATE TAX PURSUANT TO CALIFORNIA TAX CODE SECTION 23701D THE FOLLOWING FIN 48 FOOTNOTE WAS INCLUDED IN THE COLLEGE'S AUDITED FINANCIAL STATEMENTS THE COLLEGE HAS IDENTIFIED AND EVALUATED SIGNIFICANT TAX POSITIONS AT JULY 1, 2007, THE COLLEGE APPLIED "ASC 740-10-25, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES", TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINED OPEN AND DETERMINED THERE WERE NO MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2010 AND 2009, NOR ARE ANY CHANGES ANTICIPATED IN THE NEXT TWELVE MONTHS AS SUCH, THE COLLEGE DOES NOT HAVE A DEFERRED TAX ASSET ON THE STATEMENT OF FINANCIAL POSITION AND THERE HAVE BEEN NO RELATED TAX PENALTIES OR INTEREST, WHICH WOULD BE CLASSIFIED AS TAX EXPENSE IN THE STATEMENT OF ACTIVITIES THUS, BASED ON THE FOREGOING, THERE IS NO LIABILITY FOR FIN 48 REFLECTED IN THE FINANCIAL STATEMENTS OF THE COLLEGE

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MILLS COLLEGE

**Employer identification number**

94-1156566

	YES	NO
<b>1</b> 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?	Yes	
<b>2</b> 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?	Yes	
<b>3</b> 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. MILLS COLLEGE DRAWS STUDENTS FROM A LARGE GEOGRAPHIC REGION AND ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS. MILLS COLLEGE WAS RANKED ONE OF THE TOP 20 MOST DIVERSE LIBERAL ARTS COLLEGE IN THE NATION BY U.S. NEWS & WORLD REPORT IN ACADEMIC YEAR 2009-2010, 38% OF STUDENTS WERE OF COLOR AND 13% OF STUDENTS IDENTIFIED THEMSELVES AS MULTI-ETHNIC. MILLS COLLEGE INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS CATALOG, STUDENT APPLICATION AND IN THE MAJORITY OF ITS BROCHURES AND OTHER WRITTEN ADMISSIONS COMMUNICATIONS. THE POLICY IS INCLUDED ON THE COLLEGE WEB PAGE.	Yes	
<b>4</b> Does the organization maintain the following? <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Schedule O (Form 990).	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to: <b>a</b> Students' rights or privileges? <b>b</b> Admissions policies? <b>c</b> Employment of faculty or administrative staff? <b>d</b> Scholarships or other financial assistance? <b>e</b> Educational policies? <b>f</b> Use of facilities? <b>g</b> Athletic programs? <b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O (Form 990).		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
<b>6b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990).	Yes	

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MILLS COLLEGE

**Employer identification number**

94-1156566

**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** Activities 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
East Asia and the Pacific	0	0	Fundraising		12,223
East Asia and the Pacific	0	0	Program Services	RECRUITMENT	12,737
East Asia and the Pacific	0	0	Program Services	CONFERENCES	11,158
Europe (Including Iceland and Greenland)	0	0	Fundraising		15,615
Europe (Including Iceland and Greenland)	0	0	Program Services	FACULTY RESEARCH	6,629
Europe (Including Iceland and Greenland)	0	0	Program Services	FACULTY TRAVEL GRANT	3,650
Europe (Including Iceland and Greenland)	0	0	Program Services	PROF DEVELOPMENT	4,543
East Asia and the Pacific	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	10,900
Europe (Including Iceland and Greenland)	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	231,173
Middle East and North Africa	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	18,000
South America	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	36,852
South Asia	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	6,500
Sub-Saharan Africa	0	0	Grantmaking	EDUCATIONAL ASSISTANCE	4,500
Europe (Including Iceland and Greenland)	0	0	Investments		
Central America and the Caribbean	0	0	Investments		
<b>Totals . . . . . ▶</b>	0	0			374,480



**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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS TO STUDY ABROAD	East Asia/Pacific	1	10,900	ACCT CREDIT			
SCHOLARSHIPS TO STUDY ABROAD	Europe/Iceland/Greenland	21	231,173	ACCT CREDIT			
SCHOLARSHIPS TO STUDY ABROAD	Middle East/North Africa	1	18,000	ACCT CREDIT			
SCHOLARSHIPS TO STUDY ABROAD	South America	4	36,852	ACCT CREDIT			
SCHOLARSHIPS TO STUDY ABROAD	South Asia	1	6,500	ACCT CREDIT			
SCHOLARSHIPS TO STUDY ABROAD	Sub-Saharan Africa	1	4,500	ACCT CREDIT			



**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MILLS COLLEGE

Employer identification number

94-1156566

**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?		(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
		Yes	No			
MARTS AND LUNDY	FUNDRAISING COUNSELING		No		65,270	
<b>Total</b>					65,270	

**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 III 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	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
	<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</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)**

OMB No 1545-0047

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

**2009**

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

**Open to Public  
Inspection**

▶ Attach to Form 990

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MILLS COLLEGE

Employer identification number  
94-1156566

**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
REGENTS UNIV OF CALIFORNIA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ, CA 95064	941539563	501(c)(3)	28,641				Prof Development
EDUCATION DEVELOPMENT CENTER INC55 CHAPEL STREET NEWTON, MA 02458	042241718	501(c)(3)	94,473				DEVELOP MATH KITS
CENTRAL PARK EAST III19 EAST 103RD STREET NEW YORK, NY 10029	136400434	501(c)(3)	5,500				MATH EDUC RESEARCH
NYCDOE EAST VILLAGE COMMUNITY SCHOOL610 EAST 12TH ST RM 205 NEW YORK, NY 10009	690210637	501(c)(3)	5,400				MATH EDUC RESEARCH
HAMILTON HEIGHTS SCHOOL508 WEST 153RD STREET NEW YORK, NY 10031	690210637	501(c)(3)	5,900				MATH EDUC RESEARCH
THE ROSE E SCALA SCHOOL3040 ROBERTS AVENUE BRONX, NY 10471	136400434	501(c)(3)	6,700				MATH EDUC RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations . . . . . **4**

**3** Enter total number of other organizations . . . . . **0**

**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
PUBLIC PARTICIPATION OF YOUTH RESEARCH	3	25,000			
INSTRUCTION, RESEARCH, PUBLIC SERVICE	121	934,027			
STUDENT SERVICES	1	15,620			
FINANCIAL AID TO STUDENTS	1323	18,833,349			
ACADEMIC PRIZES AND RESEARCH AWARDS	170	112,771			

**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
Monitoring Use of Grant Funds	Part I, Line 2	GRANTS ARE PUT INTO A SEPARATE AND UNIQUE FUND AND THE EXPENDITURES ARE MONITORED AGAINST THE PROPOSAL AND AWARD THE COLLEGE MANAGES AN EXTENSIVE FINANCIAL AID PROGRAM TO ENSURE THAT A HIGHLY QUALIFIED AND DIVERSE POPULATION IS ABLE TO MATRICULATE AND CONTINUE TO GRADUATION THE ASSISTANCE PROGRAMS TAKE TWO MAJOR FORMS MERIT SCHOLARSHIPS AND NEED-BASED FINANCIAL AID THE FINANCIAL AID DEPARTMENT MONITORS THE AMOUNTS GIVEN BY THE GRANT

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MILLS COLLEGE

**Employer identification number**

94-1156566

**Part I Questions Regarding Compensation**

Yes No

- 1a** Check the appropriate 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
  - Travel for companions
  - Tax idemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - 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 or provision of all the expenses described above? If "No," complete Part III to explain

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

**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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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?

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 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?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**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?

**b** Any related organization?

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

**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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued 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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		
<b>9</b>		

**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				
JANET L HOLMGREN	(i)	390,504	0	10,653	42,560	54,785	498,502	0
	(ii)	0	0	0	0	0	0	0
RAMON TORRECILHA	(i)	250,254	0	8,295	39,358	6,616	304,523	0
	(ii)	0	0	0	0	0	0	0
SANDRA GREER	(i)	199,556	0	29,700	36,935	6,830	273,021	0
	(ii)	0	0	0	0	0	0	0
LADENE DIAMOND	(i)	171,306	0	22,000	32,760	6,810	232,876	0
	(ii)	0	0	0	0	0	0	0
THERESE LEONE	(i)	182,578	0	406	35,966	9,289	228,239	0
	(ii)	0	0	0	0	0	0	0
RENEE JADUSHLEVER	(i)	179,270	0	0	30,153	5,982	215,405	0
	(ii)	0	0	0	0	0	0	0
ANDREW WORKMAN	(i)	165,143	0	0	30,537	1,138	196,818	0
	(ii)	0	0	0	0	0	0	0
BRUCE WILLIAMS	(i)	166,600	0	0	13,930	6,200	186,730	0
	(ii)	0	0	0	0	0	0	0
JOSEPH KAHNE	(i)	165,969	0	0	22,462	6,268	194,699	0
	(ii)	0	0	0	0	0	0	0
NANCY THORNBORROW	(i)	157,615	0	0	15,745	6,268	179,628	0
	(ii)	0	0	0	0	0	0	0
MARIANNE SHELDON	(i)	153,529	0	0	15,848	8,874	178,251	0
	(ii)	0	0	0	0	0	0	0
BARBARA HABER	(i)	116,156	0	31,470	22,275	1,530	171,431	0
	(ii)	0	0	0	0	0	0	0
MARY ANN MILFORD	(i)	144,935	0	0	14,528	6,223	165,686	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
SCHEDULE J PART I, LINE 1A		<p>FIRST-CLASS TRAVEL ON OCCASION FIRST-CLASS TRAVEL IS AUTHORIZED FOR EXTENDED TRAVEL OF 2000 MILES OR MORE BY A POLICY ADOPTED BY THE COLLEGE BOARD OF TRUSTEES AND EACH EXPENSE IS APPROVED BY THE CHAIR OF THE FINANCE COMMITTEE DISCRETIONARY SPENDING ACCOUNT THE COLLEGE EXECUTIVE VICE PRESIDENT RECEIVES AN AUTOMOBILE ALLOWANCE HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE THE COLLEGE PRESIDENT IS PROVIDED ON CAMPUS HOUSING AS A CONVENIENCE TO THE COLLEGE TO CONDUCT COLLEGE BUSINESS INCLUDING FUNDRAISING AND OTHER COLLEGE BUSINESS AS PART OF HER EMPLOYMENT CONTRACT THE VALUE OF THE HOUSING IS INCLUDED IN NONTAXABLE BENEFITS IN SCHEDULE J, PART II, COLUMN (D) THE PROVOST AND DEAN OF FACULTY RECEIVES A HOUSING ALLOWANCE AS PART OF HER EMPLOYMENT CONTRACT THE ALLOWANCE IS INCLUDED IN OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN (B)(III) PERSONAL SERVICES ON OCCASION COLLEGE EMPLOYEES PERFORM ROUTINE CLEANING AND VALET SERVICES FOR THE PRESIDENT IF REQUIRED, THE APPLICABLE AMOUNTS FOR THE ABOVE ITEMS ARE REPORTED AS TAXABLE COMPENSATION SCHEDULE J, PART 1, LINE 4A IN CALENDAR YEAR 2009, BARBARA HABER, INTERIM ASSOCIATE VICE PRESIDENT OF PLANNING AND FACILITIES, RECEIVED \$23,917 IN SEVERANCE PAYMENTS UNDER THE TERMS OF A SEPARATION AGREEMENT THE PAYMENTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN (B)(III) SCHEDULE J PART I, LINE 4B IN CALENDAR YEAR 2009, JANET L HOLMGREN, THE COLLEGE'S PRESIDENT PARTICIPATED IN A NON-QUALIFIED 457(F) PLAN NO CONTRIBUTION OR PAYMENT WAS MADE DURING 2009 FORM 990, SCHEDULE J COMPENSATION FOR CERTAIN INDIVIDUALS INCLUDES SUPPLEMENTAL INCOME RELATED TO SERVICES PERFORMED OUTSIDE OF THE SCHOOL YEAR FOR RESEARCH AND OTHER GRANT FUNDED PROJECTS AS PROVIDED BY THE GRANT SOURCE FORM 990, SCHEDULE J AND SCHEDULE J2 COMPENSATION FOR OFFICERS, DIRECTORS, KEY EMPLOYEES AND THE TOP FIVE PAID EMPLOYEES IS REPORTED ON BOTH SCHEDULE J AND SCHEDULE J-2 AS REQUIRED BY THE INSTRUCTIONS FOR FORM 990, COLUMN B OF SCHEDULE J, PAGE 2 REPORTS THE COMPENSATION REPORTED ON THE INDIVIDUAL'S FORM W-2 FOR THE 2009 CALENDAR YEAR IN ADDITION, COLUMN C OF SCHEDULE J, PAGE 2 REPORTS DEFERRED COMPENSATION EARNED BY EACH INDIVIDUAL DURING THE 2009 CALENDAR YEAR WHETHER THE INDIVIDUAL ACTUALLY RECEIVED THIS COMPENSATION OR NOT AND COLUMN D OF SCHEDULE J, PAGE 2 REPORTS THE NON-TAXABLE BENEFITS RECEIVED BY THE INDIVIDUAL DURING THE 2009 CALENDAR YEAR COLUMN E OF SCHEDULE J, PAGE 2 REPORTS THE TOTAL COMPENSATION RECEIVED BY THE INDIVIDUAL DURING THE 2009 CALENDAR YEAR</p>

**Schedule K  
(Form 990)**

OMB No 1545-0047

**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.**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MILLS COLLEGE

Employer identification number

94-1156566

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
<b>A</b>	CEFA - SERIES 2005 A NOTES	52-1705592	1301756Q0	06-16-2005	25,842,797	CAPITAL PROJECTS		X		X
<b>B</b>	CEFA - SERIES 2005 B NOTES	52-1705592	1301757F3	09-07-2005	3,020,154	REFINANCE 1995 BONDS		X		X

**Part II Proceeds**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Total proceeds of issue	26,566,462		80,585							
<b>2</b> Gross proceeds in reserve funds										
<b>3</b> Proceeds in refunding or defeasance escrows										
<b>4</b> Other unspent proceeds										
<b>5</b> Issuance costs from proceeds	496,991		58,019							
<b>6</b> Working capital expenditures from proceeds										
<b>7</b> Capital expenditures from proceeds	26,069,471		22,566							
<b>8</b> Year of substantial completion	2009		2007							
<b>9</b> Were the bonds issued as part of a current refunding issue?		X	X							
<b>10</b> Were the bonds issued as part of an advance refunding issue?		X		X						
<b>11</b> Has the final allocation of proceeds been made?	X		X							
<b>12</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
<b>3c</b> 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		X							
<b>4</b> 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 %		0 %							
<b>5</b> 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	0 %		0 %							
<b>6</b> Total of lines 4 and 5	0 %		0 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> 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		X						
<b>2</b> Is the bond issue a variable rate issue?		X		X						
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?	X			X						
<b>b</b> Name of provider	Trinity Plus Funding									
<b>c</b> Term of GIC	1									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
<b>5</b> Were any gross proceeds invested beyond an available temporary period?	X			X						
<b>6</b> Did the bond issue qualify for an exception to rebate?		X		X						

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization MILLS COLLEGE

Employer identification number 94-1156566

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

Table with 3 main columns: (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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (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.

Table with 5 main columns: (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?

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization MILLS COLLEGE

Employer identification number

94-1156566

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art-Works of art, Securities-Publicly traded, Other (RECEIVABLE), and Other (CREW SHELL).

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 0

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), and 33 (If the organization did not report revenues...).

**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
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**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
MILLS COLLEGE

**Employer identification number**  
94-1156566

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 28B AND SCHEDULE L PART IV		<p>BOARD TRUSTEE GORDON CHONG'S CHILD IS EMPLOYED BY MILLS COLLEGE IN AN ARMS-LENGTH ARRANGEMENT COMPENSATION PLUS BENEFITS PAID FOR FISCAL YEAR-ENDED JUNE 30, 2010 WAS \$92,403 FORM 990, PART IV, LINE 28C AND SCHEDULE L PART IV DURING THE YEAR ENDED JUNE 30, 2007 MILLS COLLEGE RECEIVED AN INTEREST FREE LOAN FROM A NON - PROFIT PUBLIC BENEFIT CORPORATION CONTROLLED BY BOARD TRUSTEE LORRY LOKEY FOR \$9,000,000 PAYMENT IN FULL WAS MADE DURING THE YEAR ENDED JUNE 30, 2010 BOARD TRUSTEE MARY ELLEN CATTANI HERRINGER IS THE NON-EXECUTIVE CHAIRMAN OF ABM INDUSTRIES INC IN AN ARMS-LENGTH ARRANGEMENT ABM INDUSTRIES INC PROVIDED JOURNAL SERVICES TO MILLS COLLEGE DURING THE YEAR ENDED JUNE 30, 2010 IN THE AMOUNT OF \$1,117,730 FORM 990, PART VI, SECTION A, LINE 2 BOARD TRUSTEE LAURIANN DELAY, IN AN ARMS-LENGTH ARRANGEMENT PERFORMS FINANCIAL INVESTMENT ADVISOR SERVICES TO BOARD TRUSTEE LORRY LOKEY LAURIANN DELAY ALSO SERVES ON MILLS' INVESTMENT COMMITTEE AS AN ADVISOR FOR THE COLLEGE'S INVESTMENTS FORM 990, PART VI, SECTION B, LINE 11A GRANT THORNTON LLP AND MILLS COLLEGE FINANCE STAFF WORKED TOGETHER IN GATHERING THE REQUIRED TAX INFORMATION NECESSARY TO COMPLETE THE TAX RETURNS GRANT THORNTON LLP AND THE COLLEGE PRESIDENT, THE COLLEGE INTERIM VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER REVIEWED THE FORM 990 DRAFT FOR ACCURACY AND COMPLETENESS THE BOARD OF DIRECTORS AND THE AUDIT AND FINANCE COMMITTEE MEMBERS WERE SENT THE FINAL 990 DRAFT AFTER A REVIEW PERIOD, THE AUDIT AND FINANCE COMMITTEE MEMBERS MET WITH MILLS COLLEGE MANAGEMENT AND GRANT THORNTON LLP REPRESENTATIVES TO REVIEW THE DRAFT IN DETAIL AFTER THIS REVIEW, THE FINAL FORM 990 WAS FILED IN ADDITION, A COPY OF THE MILLS COLLEGE AUDITED FINANCIAL STATEMENTS WAS PROVIDED TO THE FULL BOARD OF TRUSTEES FORM 990, PART VI, SECTION B, LINE 12C THE CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY ENFORCED BY THE AUDIT AND FINANCE COMMITTEE WITH THE ADVICE AND ASSISTANCE OF THE MILLS COLLEGE GENERAL COUNSEL THE AUDIT AND FINANCE COMMITTEE REQUIRES EACH COLLEGE TRUSTEE, OFFICER AND KEY EMPLOYEE TO COMPLETE ANNUALLY A CONFLICT OF INTEREST QUESTIONNAIRE THE QUESTIONNAIRES ARE FILED WITH THE GENERAL COUNSEL AND REVIEWED BY THE AUDIT AND FINANCE COMMITTEE, WHICH MAKES RECOMMENDATIONS ABOUT THE POTENTIAL CONFLICTS OF INTERESTS TO THE FULL BOARD THE COMMITTEE AND THE BOARD MAINTAIN MINUTES AND OTHER DOCUMENTATION TO RECORD THEIR REVIEW OF ACTUAL OR POTENTIAL CONFLICTS COLLEGE TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE ALSO AWARE OF THE DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST DURING THE YEAR THESE ADDITIONAL DISCLOSURES BY AN INDIVIDUAL COVERED BY THE POLICY ARE SUBMITTED TO THE AUDIT AND FINANCE COMMITTEE CHAIR AND THE GENERAL COUNSEL THE AUDIT AND FINANCE COMMITTEE WILL REVIEW THE POTENTIAL CONFLICTS AND MAKE RECOMMENDATIONS TO THE FULL BOARD AT REGULARLY SCHEDULED MEETINGS OF THE AUDIT AND FINANCE COMMITTEE AND THE FULL BOARD, THE AUDIT AND FINANCE COMMITTEE REPORTS ON ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND THEIR RESOLUTION OR RECOMMENDATION THE AUDIT AND FINANCE COMMITTEE REVIEWS THE OPERATION OF THE POLICY AND MAKES RECOMMENDATIONS TO THE BOARD OF TRUSTEES REGARDING ANY PROPOSED CHANGES THE GENERAL COUNSEL (OR HIS OR HER REPRESENTATIVE) ATTENDS ALL RELEVANT MEETINGS AND ASSISTS IN PREPARING THE MINUTES FORM 990, PART VI, SECTION B, LINES 15A AND 15B THE MILLS COLLEGE BOARD OF TRUSTEES HAS APPROVED THE EXECUTIVE COMPENSATION POLICY THE MILLS COLLEGE BOARD OF TRUSTEES EXECUTIVE COMPENSATION SUBCOMMITTEE HAS OVERSIGHT OF ALL ELEMENTS OF EXECUTIVE COMPENSATION AND IS RESPONSIBLE FOR RECOMMENDING THE COMPENSATION OF THE COLLEGE PRESIDENT AND OTHER COLLEGE OFFICERS FOR APPROVAL BY THE BOARD THE EXECUTIVE COMPENSATION SUBCOMMITTEE, AS WELL AS ANY THIRD PARTIES PROVIDING PROFESSIONAL ADVICE TO THE SUBCOMMITTEE, MUST BE INDEPENDENT THE EXECUTIVE COMPENSATION SUBCOMMITTEE ANNUALLY CONDUCTS A REVIEW OF THE COLLEGE PRESIDENT'S AND OTHER COLLEGE OFFICERS' COMPENSATION TIMELY MINUTES OF ALL FINAL RECOMMENDATIONS AND ACTIONS BY THE EXECUTIVE COMPENSATION SUBCOMMITTEE AND BOARD REGARDING THE COLLEGE PRESIDENT'S COMPENSATION ARE RECORDED THE POLICY PROVIDES THAT EXECUTIVE COMPENSATION ARRANGEMENTS SHOULD FALL WITHIN THE BOUNDS OF MARKET PRACTICE FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS FACTORS THAT ARE REVIEWED IN DETERMINING COMPARABILITY INCLUDE 1 COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS, 2 THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION, 3 CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND 4 ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS COMPETING FOR THE SERVICES OF THE AFFECTED PERSON COMPENSATION PACKAGES AND CONTRACTS FOR COLLEGE OFFICERS ARE REVIEWED FOR INTERNAL CONSISTENCY AND EQUITY AS WELL AS EXTERNAL MARKET COMPARABLES KEY EMPLOYEES' COMPENSATION</p>

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 28B AND SCHEDULE L PART IV		S RECOMMENDED DURING THE ANNUAL BUDGET PROCESS BY THE COLLEGE OFFICERS AND REVIEWED AND RE COMMENDED FOR APPROVAL BY THE COLLEGE'S HUMAN RESOURCES DEPARTMENT COMPENSATION FOR NON-O FFICER KEY EMPLOYEES IS RECOMMENDED FOR APPROVAL BY THE COLLEGE PRESIDENT AND EXECUTIVE VI CE PRESIDENT FORM 990, PART VI, SECTION C, LINE 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U PON REQUEST FORM 990, PART VII, SECTION A, LINE 1A COMPENSATION TO MARY ANN MILFORD IS BA SED UPON THE FACULTY POSITION SHE ASSUMED FOLLOWING THE TERM AS A COLLEGE OFFICER AND IS N OT RELATED TO HER FORMER ROLE AS AN OFFICER

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 94-1156566  
**Name:** MILLS 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			
JANET L HOLMGREN PRESIDENT AND BOARD TRUSTEE	40 0	X		X			401,157	0	97,345	
JULIA ALMAZAN BOARD TRUSTEE	1 0	X					0	0	0	
JAMES ANDRASICK BOARD TRUSTEE	1 0	X					0	0	0	
RICHARD BARRETT BOARD TRUSTEE	1 0	X					0	0	0	
MARA MICHELLE BATLIN BOARD TRUSTEE	1 0	X					0	0	0	
ANITA ARAGON BOWERS BOARD TRUSTEE	1 0	X					0	0	0	
WENDY BRODY BOARD TRUSTEE	1 0	X					0	0	0	
KATHLEEN BURKE BOARD CHAIRPERSON	1 0	X		X			0	0	0	
EARL CHEIT BOARD TRUSTEE	1 0	X					0	0	0	
GORDON CHONG BOARD TRUSTEE	1 0	X					0	0	0	
JOAN DANFORTH BOARD TRUSTEE	1 0	X					0	0	0	
LAURIANN DELAY BOARD TRUSTEE	1 0	X					0	0	0	
THOMAS EHRLICH BOARD TRUSTEE	1 0	X					0	0	0	
LYN FLANIGAN BOARD TRUSTEE	1 0	X					0	0	0	
JAMES FOWLER BOARD TRUSTEE	1 0	X					0	0	0	
NAN GEFEN BOARD TRUSTEE 1ST VICE CHAIR	1 0	X		X			0	0	0	
SABRINA HELLMAN BOARD TRUSTEE	1 0	X					0	0	0	
MARYELLEN CATTANI HERRINGER BOARD TRUSTEE	1 0	X					0	0	0	
CAROLINE HU BOARD TRUSTEE CY PT	1 0	X					0	0	0	
MERRILL KASPER BOARD TRUSTEE	1 0	X					0	0	0	
PAULINE LANGSLEY BOARD TRUSTEE	1 0	X					0	0	0	
MARIBELLE LEAVITT BOARD TRUSTEE	1 0	X					0	0	0	
LORRY LOKEY BOARD TRUSTEE	1 0	X					0	0	0	
JOHN MCDONNELL BOARD TRUSTEE	1 0	X					0	0	0	
HELEN MUIRHEAD BOARD TRUSTEE 2ND VICE CHAIR	1 0	X		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)						(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			
JANE NEWHALL BOARD TRUSTEE	1 0	X						0	0	0
ALEXANDRA RINDE BOARD TRUSTEE	1 0	X						0	0	0
GAYLE ROTHROCK BOARD TRUSTEE	1 0	X						0	0	0
CRISTINE RUSSELL BOARD TRUSTEE	1 0	X						0	0	0
CLARE SPRINGS BOARD TRUSTEE	1 0	X						0	0	0
VIVIAN STEPHENSON BOARD TRUSTEE	1 0	X						0	0	0
MYRA STROBER BOARD TRUSTEE	1 0	X						0	0	0
ROSELYNE CHROMAN SWIG BOARD TRUSTEE	1 0	X						0	0	0
CORAZON TELLEZ BOARD TRUSTEE	1 0	X						0	0	0
BARBARA SANDOVAL TERRAZAS BOARD TRUSTEE	1 0	X						0	0	0
EVELYN THORNE BOARD TRUSTEE	1 0	X						0	0	0
LINDA COHEN TURNER BOARD TRUSTEE	1 0	X						0	0	0
TONI RENEE VIERRA BOARD TRUSTEE	1 0	X						0	0	0
GLENN VOYLES BOARD TRUSTEE	1 0	X						0	0	0
MARGARET WILKERSON BOARD TRUSTEE	1 0	X						0	0	0
RAMON TORRECILHA EXECUTIVE VP / BOARD SECRETARY	40 0			X				258,549	0	45,974
SANDRA GREER PROVOST AND DEAN OF FACULTY	40 0			X				229,256	0	43,765
LADENE DIAMOND VP FINANCE ADMIN / TREASURER	40 0			X				193,306	0	39,570
THERESE LEONE VP AND GENERAL COUNSEL	40 0				X			182,984	0	45,255
RENEE JADUSHLEVER VP OF OPERATIONS	40 0				X			179,270	0	36,135
ANDREW WORKMAN VICE PROVOST	40 0				X			165,143	0	31,675
BRUCE WILLIAMS FLETCHER JONES SOCIOLOGY PROF	40 0					X		166,600	0	20,130
JOSEPH KAHNE DEAN OF SCHOOL OF EDUCATION	40 0					X		165,969	0	28,730
NANCY THORNBORROW DEAN OF THE SCHOOL OF BUSINESS	40 0					X		157,615	0	22,013
MARIANNE SHELDON ACCREDITATION OFFICER	40 0					X		153,529	0	24,722

**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			
BARBARA HABER INTERIM ASSO VP PLAN/FAC	40 0					X		147,626	0	23,805
MARY ANN MILFORD FORMER PROVOST AND DEAN	40 0						X	144,935	0	20,751