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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <div>Form 990</div> <div></div> <div>Department of the Treasury<br/>Internal Revenue Service</div> | <div>Return of Organization Exempt From Income Tax</div> <div>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</div> <div>The organization may have to use a copy of this return to satisfy state reporting requirements</div> | <div>OMB No 1545-0047</div> <div>2010</div> <div>Open to Public Inspection</div> |
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|                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011                                                                                                                                                                                                  |                                                                                                            |                                                                                                                                         |
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C Name of organization<br>THE TRUSTEES OF MOUNT HOLYOKE COLLEGE                                            | D Employer identification number<br><br>04-2103578                                                                                      |
|                                                                                                                                                                                                                                                                                       | Doing Business As<br>Mount Holyoke College                                                                 | E Telephone number<br><br>(413) 538-2641                                                                                                |
|                                                                                                                                                                                                                                                                                       | Number and street (or P O box if mail is not delivered to street address)<br>50 College Street             | Room/suite                                                                                                                              |
|                                                                                                                                                                                                                                                                                       | City or town, state or country, and ZIP + 4<br>South Hadley, MA 01075                                      |                                                                                                                                         |
|                                                                                                                                                                                                                                                                                       | F Name and address of principal officer<br>Lynn Pasquerella<br>50 College Street<br>South Hadley, MA 01075 |                                                                                                                                         |
|                                                                                                                                                                                                                                                                                       |                                                                                                            | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |
|                                                                                                                                                                                                                                                                                       |                                                                                                            | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
|                                                                                                                                                                                                                                                                                       |                                                                                                            | H(c) Group exemption number ▶                                                                                                           |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                            |                                                                                                                                         |
| J Website: ▶ www.mtholyoke.edu                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                                                         |

|                                                                                                                                                                             |                          |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation 1836 | M State of legal domicile MA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|

|        |         |
|--------|---------|
| Part I | Summary |
|--------|---------|

|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|
| Activities & Governance | 1                                                                                                                                        | Briefly describe the organization's mission or most significant activities<br>Mount Holyoke College is a liberal arts college committed to educating a diverse residential community of women at the highest level of academic excellence and to fostering the alliance of liberal arts education with purposeful engagement in the world |                                |                           |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|                         | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |                                                                                                                                                                                                                                                                                                                                           |                                |                           |
|                         | 3                                                                                                                                        | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                         | 3                              | 30                        |
| 4                       | Number of independent voting members of the governing body (Part VI, line 1b)                                                            | 4                                                                                                                                                                                                                                                                                                                                         | 28                             |                           |
| 5                       | Total number of individuals employed in calendar year 2010 (Part V, line 2a)                                                             | 5                                                                                                                                                                                                                                                                                                                                         | 3,282                          |                           |
| 6                       | Total number of volunteers (estimate if necessary)                                                                                       | 6                                                                                                                                                                                                                                                                                                                                         | 1,853                          |                           |
| 7a                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                     | 7a                                                                                                                                                                                                                                                                                                                                        | 2,633,418                      |                           |
| 7b                      | Net unrelated business taxable income from Form 990-T, line 34                                                                           | 7b                                                                                                                                                                                                                                                                                                                                        | 2,054,982                      |                           |
| Revenue                 | 8                                                                                                                                        | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                             | Prior Year                     | Current Year              |
|                         | 9                                                                                                                                        | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                              | 22,564,052                     | 23,250,197                |
|                         | 10                                                                                                                                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                             | 99,935,890                     | 103,440,989               |
|                         | 11                                                                                                                                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                  | 16,123,462                     | 40,439,984                |
|                         | 12                                                                                                                                       | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                          | 17,717,112                     | 18,311,774                |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           | 156,340,516                    | 185,442,944               |
| Expenses                | 13                                                                                                                                       | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                          | 46,217,342                     | 50,747,585                |
|                         | 14                                                                                                                                       | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                             | 0                              | 0                         |
|                         | 15                                                                                                                                       | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                         | 72,918,990                     | 73,346,610                |
|                         | 16a                                                                                                                                      | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                             | 0                              | 0                         |
|                         | b                                                                                                                                        | Total fundraising expenses (Part IX, column (D), line 25) ▶7,244,209                                                                                                                                                                                                                                                                      |                                |                           |
|                         | 17                                                                                                                                       | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                                                                                                                                                                                                                                                                              | 53,424,422                     | 55,311,916                |
|                         | 18                                                                                                                                       | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                  | 172,560,754                    | 179,406,111               |
|                         | 19                                                                                                                                       | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                                                                                                                                       | -16,220,238                    | 6,036,833                 |
|                         | Net Assets or Fund Balances                                                                                                              | 20                                                                                                                                                                                                                                                                                                                                        | Total assets (Part X, line 16) | Beginning of Current Year |
| 21                      |                                                                                                                                          | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                       | 785,096,213                    | 892,919,536               |
| 22                      |                                                                                                                                          | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                                                                                                                 | 148,655,718                    | 175,160,274               |
|                         |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                           | 636,440,495                    | 717,759,262               |

|         |                 |
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| 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       |  | 2012-05-11           |      |                                                 |              |
|                        |                            |  | Date                 |      |                                                 |              |
| Paid Preparer Use Only | Print/Type preparer's name |  | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN         |
|                        | Firm's name ▶              |  |                      |      |                                                 | Firm's EIN ▶ |
|                        | Firm's address ▶           |  |                      |      |                                                 | Phone no ▶   |

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1 Briefly describe the organization’s mission

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

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

If “Yes,” describe these new services on Schedule O.

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

If “Yes,” describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Code ) (Expenses \$ 119,849,640 including grants of \$ 50,747,585 ) (Revenue \$ 95,521,360 ) |
| *Instruction, Research, Academic Support and Library Services* Mount Holyoke College has approximately 2,400 undergraduate students who benefit from small group instruction in a diverse college community with a student-to-faculty ratio of 9 to 1. Mount Holyoke's 200 accomplished faculty members are innovative teachers dedicated to their students. They are also active scholars, research scientists, and creative artists passionate about their disciplines. The College offers 49 departmental and interdepartmental majors. Through the liberal arts education, students explore art, literature, languages, philosophy, politics, history, mathematics and science rather than choosing one specialized track of study. The liberal arts also transcend the classroom. Students gain a complex understanding of the world in which they live through internships, study abroad, community-based learning, volunteer work and independent research. An integral part of the college community, Library and Information Technology Services facilitates the creative use of information and technology. It supports the educational priorities of the College by providing instruction, materials, staff expertise and equipment to sustain learning, teaching, research and the College's administrative functions. |                                                                                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Code ) (Expenses \$ 23,063,925 including grants of \$ 0 ) (Revenue \$ 12,439,321 ) |
| *Student Services and Residential Life* Engagement, peer mentorship and self governance are the foundations of Mount Holyoke's residential program. To this end, most residence halls house members of all four classes. Approximately one-fourth of the rooms in each residence hall are for entering students. The result is an interesting blend of experience within each residence hall. The College offers housing in many configurations to meet the developing needs of students. Each residence hall is unique in design and character. Along with being committed to academic success, Mount Holyoke cares about the overall well being of students. The College offers a range of health, counseling and public safety services to support the needs of its students. The Office of Student Programs supports 150 student organizations and presents a wide array of cultural, entertainment and social events, in addition to advising on event planning, new ideas, leadership skills and general student organization dynamics. |                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 4c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Code ) (Expenses \$ 8,346,383 including grants of \$ 0 ) (Revenue \$ 13,532,724 ) |
| *Dining Services* At Mount Holyoke College, dining is an integral part of a student's educational experience. Students meet at mealtimes in friendly conversation, often with faculty as their invited guests. This hospitality and exchange is an important tradition on campus. Dining Services is responsible for administering a comprehensive board program in six residential dining locations, the campus caf  , and seven continental breakfast locations, and is responsible for all campus center cash operations, vending, a bakery, and a warehouse. The qualified and experienced culinary production and service staff are committed to providing high quality and nutritious food in all dining operations. |                                                                                    |

|    |                                                           |
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| 4d | Other program services (Describe in Schedule O )          |
|    | (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 ) |

|    |                                               |
|----|-----------------------------------------------|
| 4e | Total program service expenses \$ 151,259,948 |
|----|-----------------------------------------------|

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                            | Yes | No  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                                                 | 1   | Yes |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?                                                                                                                                                        | 2   | Yes |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>                                                                                                                                               | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                               | 4   | Yes |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>                                                                                                        | 5   | No  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>                                                                                 | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                                                                                                      | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                 | 8   | Yes |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>                                                                                | 9   | No  |
| 10  | 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>                                                                                      | 10  | Yes |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                             |     |     |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                               | 11a | Yes |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>                                           | 11b | Yes |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                                                              | 11c | No  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                                                                                                               | 11d | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                         | 11e | Yes |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | 11f | Yes |
| 12a | 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>                                                                                         | 12a | No  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>           | 12b | Yes |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                             | 13  | Yes |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                | 14a | Yes |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>               | 14b | Yes |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>                                   | 15  | Yes |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>                                       | 16  | Yes |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>                                                                                                                     | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>                                                                | 18  | Yes |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>                                                                                                                                                                               | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>                                                                                                                                                                                                                                                  | 20a | No  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).                                                                                                        | 20b |     |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                 |     |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                       | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .            | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25 . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                       | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                            | 24c |     | No |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                 | 24d |     | No |
| 25a | <b>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? If "Yes," complete Schedule L, Part I . . . . .                                                                  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .   | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .                                | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                   |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                               | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                            | 28b | Yes |    |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .                                                | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                              | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                              | 30  | Yes |    |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                    | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .                                                                                  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .                                                                                                                                     | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                             | 35  | Yes |    |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                           |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                       | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .                                         | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                    | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                              |            |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                              |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                              |            |           |
|                                                                                                 |                                                                                                                                                                                                                                                                              | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | <b>1a</b>  | 696       |
| <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?                                                                                                                     | <b>1c</b>  | 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>  | 3,282     |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                      | <b>2b</b>  | Yes       |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | <b>3a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | <b>3b</b>  | 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)?                                   | <b>4a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country: CH, CJ, FR, SG<br>See instructions for 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?                                                                                                                                                                        | <b>5a</b>  | No        |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | <b>5b</b>  | No        |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            | <b>5c</b>  |           |
| <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?                                                                                                  | <b>6a</b>  | 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>6b</b>  |           |
| <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?                                                                                                                              | <b>7a</b>  | Yes       |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | <b>7b</b>  | Yes       |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | <b>7c</b>  | 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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | <b>7e</b>  | No        |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | <b>7f</b>  | No        |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | <b>7g</b>  |           |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | <b>7h</b>  |           |
| <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>8</b>   |           |
| <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>9a</b>  |           |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | <b>9b</b>  |           |
| <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> |           |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |            |           |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | <b>13a</b> |           |
| <b>b</b>                                                                                        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | <b>13b</b> |           |
| <b>c</b>                                                                                        | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | <b>13c</b> |           |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | <b>14a</b> | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | <b>14b</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.  
Check if Schedule O contains a response to any question in this Part VI ☒

| Section A. Governing Body and Management |                                                                                                                                                                                                                               |              | Yes | No |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|----|
| <b>1a</b>                                | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | <b>1a</b> 30 |     |    |
| <b>b</b>                                 | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | <b>1b</b> 28 |     |    |
| <b>2</b>                                 | 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? . . . . .                                               | <b>2</b>     |     | No |
| <b>3</b>                                 | 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? . . . . . | <b>3</b>     |     | No |
| <b>4</b>                                 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | <b>4</b>     |     | No |
| <b>5</b>                                 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | <b>5</b>     |     | No |
| <b>6</b>                                 | Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | <b>6</b>     |     | No |
| <b>7a</b>                                | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                         | <b>7a</b>    | Yes |    |
| <b>b</b>                                 | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | <b>7b</b>    |     | No |
| <b>8</b>                                 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .                                                                                    |              |     |    |
| <b>a</b>                                 | The governing body? . . . . .                                                                                                                                                                                                 | <b>8a</b>    | Yes |    |
| <b>b</b>                                 | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | <b>8b</b>    | Yes |    |
| <b>9</b>                                 | 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 . . . . .        | <b>9</b>     |     | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) |                                                                                                                                                                                                                                                                                                          |            | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>10a</b>                                                                                                          | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | <b>10a</b> |     | No |
| <b>b</b>                                                                                                            | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .                                                                             | <b>10b</b> |     |    |
| <b>11a</b>                                                                                                          | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                             | <b>11a</b> | Yes |    |
| <b>b</b>                                                                                                            | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                   |            |     |    |
| <b>12a</b>                                                                                                          | Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .                                                                                                                                                                                                | <b>12a</b> | Yes |    |
| <b>b</b>                                                                                                            | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | <b>12b</b> | Yes |    |
| <b>c</b>                                                                                                            | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | <b>12c</b> | Yes |    |
| <b>13</b>                                                                                                           | Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                     | <b>13</b>  |     | No |
| <b>14</b>                                                                                                           | Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                | <b>14</b>  |     | No |
| <b>15</b>                                                                                                           | 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? . . . . .                                                                           |            |     |    |
| <b>a</b>                                                                                                            | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | <b>15a</b> | Yes |    |
| <b>b</b>                                                                                                            | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | <b>15b</b> | Yes |    |
|                                                                                                                     | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .                                                                                                                                                                                                             |            |     |    |
| <b>16a</b>                                                                                                          | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                          | <b>16a</b> | Yes |    |
| <b>b</b>                                                                                                            | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | <b>16b</b> |     | No |

| Section C. Disclosure |                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>17</b>             | List the States with which a copy of this Form 990 is required to be filed <b>CA</b> , GA , MA                                                                                                                                                                                                                                                                      |
| <b>18</b>             | 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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| <b>19</b>             | 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.                                                                                                                                                          |
| <b>20</b>             | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <b>Ellen Rutan - Comptroller<br/>50 College St<br/>South Hadley, MA 010751444<br/>(413) 538-2713</b>                                                                                                                                  |

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2010)



## Part VII

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: 93

|          |                                                                                                                                                                                                                                               |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> . . . . .                                        |
| <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> . . . . . |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |

## **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)<br>Name and business address                                                                                                                                                    | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Cambridge Associates LLC<br>100 Summer Street<br>Boston, MA 021102112                                                                                                               | Investment Consulting          | 1,308,119           |
| The Silchester International Investors<br>780 Third Ave 42nd Fl<br>NY, NY 10017                                                                                                     | Investment Management          | 246,681             |
| Convexity Capital Management LP<br>200 Clarendon Street<br>Boston, MA 02116                                                                                                         | Investment Management          | 216,555             |
| Hill - Engineers Architects Planners Inc<br>50 Depot Street<br>Dalton, MA 01226                                                                                                     | Architectural Design           | 190,933             |
| Cedar Rock Capital Partners LLC<br>11 Broadway Suite 965<br>NY, NY 10019                                                                                                            | Investment Management          | 179,423             |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>15</b> |                                |                     |

Part VIII

Statement of Revenue

|                                                           |                       |                                                                                                                                        |    |               | (A)           | (B)                                         | (C)                              | (D)                                                                               |
|-----------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|----|---------------|---------------|---------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|
|                                                           |                       |                                                                                                                                        |    |               | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded<br>from<br>tax<br>under<br>sections<br>512,<br>513, or<br>514 |
| Contributions, gifts, grants<br>and other similar amounts | 1a                    | Federated campaigns . . .                                                                                                              | 1a | 0             | 23,250,197    |                                             |                                  |                                                                                   |
|                                                           | b                     | Membership dues . . . .                                                                                                                | 1b | 0             |               |                                             |                                  |                                                                                   |
|                                                           | c                     | Fundraising events . . . .                                                                                                             | 1c | 23,680        |               |                                             |                                  |                                                                                   |
|                                                           | d                     | Related organizations . . . .                                                                                                          | 1d | 0             |               |                                             |                                  |                                                                                   |
|                                                           | e                     | Government grants (contributions)                                                                                                      | 1e | 2,145,132     |               |                                             |                                  |                                                                                   |
|                                                           | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above                                                      | 1f | 21,081,385    |               |                                             |                                  |                                                                                   |
|                                                           | g                     | Noncash contributions included in lines 1a-1f \$                                                                                       |    | 2,290,555     |               |                                             |                                  |                                                                                   |
|                                                           | h                     | Total. Add lines 1a-1f . . . . .                                                                                                       |    |               |               |                                             |                                  |                                                                                   |
| Program Service Revenue                                   |                       |                                                                                                                                        |    | Business Code |               |                                             |                                  |                                                                                   |
|                                                           | 2a                    | Tuition and Fees                                                                                                                       |    | 611310        | 91,155,424    | 91,155,424                                  | 0                                | 0                                                                                 |
|                                                           | b                     | Room and Other Board                                                                                                                   |    | 611310        | 12,266,105    | 12,266,105                                  | 0                                | 0                                                                                 |
|                                                           | c                     | Educational Performances                                                                                                               |    | 611310        | 19,460        | 19,460                                      | 0                                | 0                                                                                 |
|                                                           | d                     |                                                                                                                                        |    |               |               |                                             |                                  |                                                                                   |
|                                                           | e                     |                                                                                                                                        |    |               |               |                                             |                                  |                                                                                   |
|                                                           | f                     | All other program service revenue                                                                                                      |    |               | 0             | 0                                           | 0                                | 0                                                                                 |
|                                                           | g                     | Total. Add lines 2a-2f . . . . .                                                                                                       |    |               | 103,440,989   |                                             |                                  |                                                                                   |
| Other Revenue                                             | 3                     | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                               |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       |                                                                                                                                        |    |               | 9,800,847     | 0                                           | 2,286,767                        | 7,514,080                                                                         |
|                                                           | 4                     | Income from investment of tax-exempt bond proceeds . .                                                                                 |    |               | 0             | 0                                           | 0                                | 0                                                                                 |
|                                                           | 5                     | Royalties . . . . .                                                                                                                    |    |               | 6,568         | 0                                           | 0                                | 6,568                                                                             |
|                                                           | 6a                    | (i) Real                                                                                                                               |    | (ii) Personal |               |                                             |                                  |                                                                                   |
|                                                           |                       | Gross Rents                                                                                                                            |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | 390,880                                                                                                                                |    | 0             |               |                                             |                                  |                                                                                   |
|                                                           |                       | Less rental expenses                                                                                                                   |    | 0             |               |                                             |                                  |                                                                                   |
|                                                           | b                     |                                                                                                                                        |    |               |               |                                             |                                  |                                                                                   |
|                                                           | c                     | Rental income or (loss)                                                                                                                |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | -93,747                                                                                                                                |    | 0             |               |                                             |                                  |                                                                                   |
|                                                           | d                     | Net rental income or (loss) . . . . .                                                                                                  |    |               | -93,747       | 0                                           | 0                                | -93,747                                                                           |
|                                                           | 7a                    | (i) Securities                                                                                                                         |    | (ii) Other    |               |                                             |                                  |                                                                                   |
|                                                           |                       | Gross amount from sales of assets other than inventory                                                                                 |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | 119,972,355                                                                                                                            |    | 78,823        |               |                                             |                                  |                                                                                   |
|                                                           |                       | Less cost or other basis and sales expenses                                                                                            |    | 34,389        |               |                                             |                                  |                                                                                   |
|                                                           | b                     |                                                                                                                                        |    |               |               |                                             |                                  |                                                                                   |
|                                                           | c                     | Gain or (loss)                                                                                                                         |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | 30,594,703                                                                                                                             |    | 44,434        |               |                                             |                                  |                                                                                   |
|                                                           | d                     | Net gain or (loss) . . . . .                                                                                                           |    |               | 30,639,137    | 0                                           | 0                                | 30,639,137                                                                        |
|                                                           | 8a                    | Gross income from fundraising events (not including<br>\$ 23,680 of contributions reported on line 1c)<br>See Part IV, line 18 . . . . |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | a                                                                                                                                      |    | 9,034         |               |                                             |                                  |                                                                                   |
|                                                           |                       | b Less direct expenses . . . . b                                                                                                       |    | 9,148         |               |                                             |                                  |                                                                                   |
|                                                           | c                     | Net income or (loss) from fundraising events . .                                                                                       |    |               | -114          |                                             | 0                                | -114                                                                              |
|                                                           | 9a                    | Gross income from gaming activities See Part IV, line 19 . a                                                                           |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | b Less direct expenses . . . . . b                                                                                                     |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | c Net income or (loss) from gaming activities . .                                                                                      |    |               |               |                                             |                                  |                                                                                   |
|                                                           | 10a                   | Gross sales of inventory, less returns and allowances .                                                                                |    |               |               |                                             |                                  |                                                                                   |
|                                                           |                       | a                                                                                                                                      |    | 13,705,939    |               |                                             |                                  |                                                                                   |
|                                                           |                       | b Less cost of goods sold . . . b                                                                                                      |    | 3,025,143     |               |                                             |                                  |                                                                                   |
|                                                           | c                     | Net income or (loss) from sales of inventory . .                                                                                       |    |               | 10,680,796    | 10,581,222                                  | 99,574                           | 0                                                                                 |
|                                                           | Miscellaneous Revenue |                                                                                                                                        |    | Business Code |               |                                             |                                  |                                                                                   |
|                                                           | 11a                   | Educational Conferences                                                                                                                |    | 721000        | 1,026,348     | 779,271                                     | 247,077                          | 0                                                                                 |
|                                                           | b                     | Fees, Service and Other Income                                                                                                         |    | 611310        | 6,691,923     | 6,691,923                                   | 0                                | 0                                                                                 |
|                                                           | c                     |                                                                                                                                        |    |               |               |                                             |                                  |                                                                                   |
|                                                           | d                     | All other revenue . . . . .                                                                                                            |    |               | 0             | 0                                           | 0                                | 0                                                                                 |
|                                                           | e                     | Total. Add lines 11a-11d . . . . .                                                                                                     |    |               | 7,718,271     |                                             |                                  |                                                                                   |
|                                                           | 12                    | Total revenue. See Instructions . . . .                                                                                                |    |               | 185,442,944   | 121,493,405                                 | 2,633,418                        | 38,065,924                                                                        |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                          | 94,000                | 94,000                          |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                            | 49,644,087            | 49,644,087                      |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16                                                                                                               | 1,009,498             | 1,009,498                       |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                       | 0                     | 0                               |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                    | 1,870,558             | 761,405                         | 848,168                                | 260,985                     |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                               | 0                     | 0                               | 0                                      | 0                           |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                              | 54,559,262            | 47,691,194                      | 4,333,141                              | 2,534,927                   |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                               | 4,221,334             | 3,689,868                       | 335,174                                | 196,292                     |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                     | 8,668,277             | 7,576,941                       | 688,261                                | 403,075                     |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                               | 4,027,179             | 3,520,157                       | 319,758                                | 187,264                     |
| a                                                                              | Fees for services (non-employees)                                                                                                                                                                                                     |                       |                                 |                                        |                             |
|                                                                                | Management . . . . .                                                                                                                                                                                                                  | 453,396               | 353,980                         | 76,076                                 | 23,340                      |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                       | 201,060               | 27,532                          | 172,812                                | 716                         |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                  | 201,405               | 34,000                          | 167,405                                | 0                           |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                    | 5,000                 | 0                               | 5,000                                  | 0                           |
| e                                                                              | Professional fundraising services See Part IV, line 17 . . . . .                                                                                                                                                                      | 0                     |                                 |                                        | 0                           |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                  | 9,237,233             | 0                               | 9,237,233                              | 0                           |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                       | 4,275,957             | 3,299,266                       | 811,741                                | 164,950                     |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                   | 66,689                | 33,384                          | 28,790                                 | 4,515                       |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                             | 4,929,554             | 4,187,652                       | 374,435                                | 367,467                     |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                      | 1,751,418             | 1,371,094                       | 375,734                                | 4,590                       |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                   | 1,152                 | 1,152                           | 0                                      | 0                           |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                   | 4,933,580             | 4,520,832                       | 188,882                                | 223,866                     |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                      | 1,767,377             | 1,382,158                       | 133,240                                | 251,979                     |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                              | 0                     | 0                               | 0                                      | 0                           |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                      | 217,716               | 180,794                         | 26,611                                 | 10,311                      |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                    | 4,692,002             | 4,328,061                       | 250,656                                | 113,285                     |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                      | 561,515               | 324,100                         | 198,096                                | 39,319                      |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                   | 10,733,977            | 10,305,308                      | 190,306                                | 238,363                     |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                   | 2,414,344             | 1,892,823                       | 503,381                                | 18,140                      |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                       |                       |                                 |                                        |                             |
| a                                                                              | Allocated Expenses                                                                                                                                                                                                                    | 0                     | 412,414                         | -412,414                               | 0                           |
| b                                                                              | Alumnae Association Support                                                                                                                                                                                                           | 2,037,278             | 0                               | 0                                      | 2,037,278                   |
| c                                                                              | Payments to Life Income Beneficiaries                                                                                                                                                                                                 | 868,869               | 0                               | 868,869                                | 0                           |
| d                                                                              | Equipment Maintenance & Repair                                                                                                                                                                                                        | 2,015,525             | 1,859,769                       | 64,822                                 | 90,934                      |
| e                                                                              | Public Safety Collaborative Expenses                                                                                                                                                                                                  | 2,244,681             | 2,244,681                       | 0                                      | 0                           |
| f                                                                              | All other expenses                                                                                                                                                                                                                    | 1,702,188             | 513,798                         | 1,115,777                              | 72,613                      |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                    | 179,406,111           | 151,259,948                     | 20,901,954                             | 7,244,209                   |
| 26                                                                             | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                  |     |             | 0                 | 1           | 0           |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                     |     |             | 6,314,241         | 2           | 15,012,017  |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                         |     |             | 27,026,380        | 3           | 27,327,648  |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                   |     |             | 2,437,484         | 4           | 2,746,693   |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                        |     |             | 483,314           | 5           | 289,136     |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . . |     |             | 0                 | 6           |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                            |     |             | 116,230           | 7           | 128,552     |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                |     |             | 751,746           | 8           | 722,420     |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                      |     |             | 1,781,462         | 9           | 1,930,603   |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.                                                                                                                                                                                                                 | 10a | 344,405,749 |                   |             |             |
|                             | b                                                                                                                                         | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                             | 10b | 165,742,735 | 182,110,362       | 10c         | 178,663,014 |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                     |     |             | 110,174,360       | 11          | 94,519,349  |
|                             | 12                                                                                                                                        | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                         |     |             | 429,586,482       | 12          | 517,386,867 |
|                             | 13                                                                                                                                        | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                          |     |             | 17,917,136        | 13          | 18,052,901  |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                                                                                                                                          |     |             |                   | 14          | 0           |
|                             | 15                                                                                                                                        | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                         |     |             | 6,397,016         | 15          | 36,140,336  |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                                                                                                                                                      |     | 785,096,213 | 16                | 892,919,536 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                      |     |             | 9,465,749         | 17          | 7,554,033   |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                                                                                                                                             |     |             | 0                 | 18          | 0           |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                                                                                                                                           |     |             | 1,691,993         | 19          | 1,298,029   |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                                |     |             | 86,085,325        | 20          | 115,988,329 |
|                             | 21                                                                                                                                        | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                      |     |             |                   | 21          |             |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                       |     |             |                   | 22          |             |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                             |     |             | 3,700,000         | 23          | 0           |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                               |     |             |                   | 24          | 3,800,000   |
|                             | 25                                                                                                                                        | Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                                                                                                                                           |     |             | 47,712,651        | 25          | 46,519,883  |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                 |     |             | 148,655,718       | 26          | 175,160,274 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                      |     |             |                   |             |             |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                    |     |             | 73,437,254        | 27          | 129,712,964 |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                          |     |             | 339,610,744       | 28          | 344,069,949 |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                          |     |             | 223,392,497       | 29          | 243,976,349 |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                      |     |             |                   |             |             |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                         |     |             |                   | 30          |             |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                            |     |             |                   | 31          |             |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                           |     |             |                   | 32          |             |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                          |     |             | 636,440,495       | 33          | 717,759,262 |
| 34                          | Total liabilities and net assets/fund balances . . . . .                                                                                  |                                                                                                                                                                                                                                                                                                      |     | 785,096,213 | 34                | 892,919,536 |             |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |             |
|---|---------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 185,442,944 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 179,406,111 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | 6,036,833   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 636,440,495 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | 75,281,934  |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 717,759,262 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

|    |                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                      |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| c  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                         | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                             | Yes |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE TRUSTEES OF MOUNT HOLYOKE COLLEGE | Employer identification number<br>04-2103578 |
|-------------------------------------------------------------------|----------------------------------------------|

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(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)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

Part II

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

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

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                  |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                             | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                     |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                          |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                      |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                         |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                 |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See 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 2010 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      |  |  |  |  | 14 |  |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           |  |  |  |  | 15 |  |
| 16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                                                                                                             |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                                                                                          | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                                                                                                                |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                                                   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                                                                            |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                                                                                                              |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                                                                                                       |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                                                                                                   |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11 and 12 )                                                                                                                                                                                                                      |          |          |          |          |          |           |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here  |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                                                                                                   |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                                                                                                             | 17 |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17                                                                                                                                                                                                                                                                                  | 18 |  |
| 19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  |    |  |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                           |    |  |



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 04-2103578

Name: THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

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

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

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

| (A)<br>Name and Title                                                      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                            |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                            |                                                                                               |
| James Streibich<br>Trustee                                                 | 1                             | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| Nancy J Vickers<br>Trustee                                                 | 1                             | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| David Wilson<br>Trustee                                                    | 1                             | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| Margaret L Wolff<br>Trustee                                                | 1                             | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                          | 0                                                                                             |
| Lynn Pasquerella<br>President                                              | 40                            | X                                      |                       | X       |              |                              |        | 271,365                                                              | 0                                                                          | 16,904                                                                                        |
| Donal O'Shea<br>Dean of Faculty & VP for Academic Affairs                  | 40                            |                                        |                       | X       |              |                              |        | 224,712                                                              | 0                                                                          | 52,027                                                                                        |
| Charles Haight<br>Vice President for Development                           | 40                            |                                        |                       | X       |              |                              |        | 222,789                                                              | 0                                                                          | 25,415                                                                                        |
| Penny Gill<br>Dean of the College                                          | 40                            |                                        |                       | X       |              |                              |        | 186,335                                                              | 0                                                                          | 25,665                                                                                        |
| Mary Jo Maydew<br>VP for Finance & Administration, Treasurer               | 32                            |                                        |                       | X       |              |                              |        | 170,294                                                              | 0                                                                          | 28,989                                                                                        |
| Jane Brown<br>VP for Enrollment & College Relations                        | 40                            |                                        |                       | X       |              |                              |        | 144,314                                                              | 0                                                                          | 24,575                                                                                        |
| Diane Anci<br>Interim VP for Enrollment & College Relations                | 40                            |                                        |                       | X       |              |                              |        | 158,534                                                              | 0                                                                          | 41,239                                                                                        |
| Sarah Sutherland<br>Secretary of the College                               | 40                            |                                        |                       | X       |              |                              |        | 125,421                                                              | 0                                                                          | 19,583                                                                                        |
| Joseph Ellis<br>Professor of History                                       | 40                            |                                        |                       |         |              | X                            |        | 182,323                                                              | 0                                                                          | 40,352                                                                                        |
| Charlotte Patriquin<br>Chief Information Officer and Executive Dir of LITS | 40                            |                                        |                       |         |              | X                            |        | 154,728                                                              | 0                                                                          | 25,343                                                                                        |
| Eva Paus<br>Professor of Economics & Dir of Ctr for Global Initiatives     | 40                            |                                        |                       |         |              | X                            |        | 151,114                                                              | 0                                                                          | 31,554                                                                                        |
| Melinda Darby Dyar<br>Professor & Chair of Astronomy                       | 40                            |                                        |                       |         |              | X                            |        | 150,760                                                              | 0                                                                          | 10,789                                                                                        |
| Joseph Cohen<br>Professor of Psychology & Education                        | 40                            |                                        |                       |         |              | X                            |        | 147,571                                                              | 0                                                                          | 32,114                                                                                        |
| Joanne Creighton<br>Professor of English and President Emeritus            | 40                            |                                        |                       |         |              |                              | X      | 785,867                                                              | 0                                                                          | 68,377                                                                                        |
| Lee Bowie<br>Professor of Philosophy & former Dean of the College          | 40                            |                                        |                       |         |              |                              | X      | 128,773                                                              | 0                                                                          | 36,718                                                                                        |

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

2010

Open to Public Inspection

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

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

If the organization answered “Yes,” 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, Part V, line 35a (Proxy Tax), then

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

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>THE TRUSTEES OF MOUNT HOLYOKE COLLEGE | Employer identification number<br>04-2103578 |
|-------------------------------------------------------------------|----------------------------------------------|

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

|   |                                                                                                          |      |
|---|----------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization’s direct and indirect political campaign activities in Part IV |      |
| 2 | Political expenditures                                                                                   | ▶ \$ |
| 3 | Volunteer hours                                                                                          |      |

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If “Yes,” describe in Part IV                                                           |                                                          |

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

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

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public  
Inspection

**Name of the organization**  
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

**Employer identification number**  
  
04-2103578

Part I

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

|   | (a) Donor advised funds                                                                                                                                                                                                                                            | (b) Funds and other accounts |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1 | Total number at end of year                                                                                                                                                                                                                                        |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                           |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                     |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?                                                           |                              |
|   | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>                                                                                                                                                                                     |                              |
| 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 |                              |
|   | <div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>                                                                                                                                                                                     |                              |

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year

3

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

4

Number of states where property subject to conservation easement is located ▶\_\_\_\_\_

5

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

☐ Yes

☐ No

6

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

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

|    |                                                                                                                                                                                                                                                                                                                                                                          |                |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items |                |
| b  | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items                                                    |                |
|    | (i) Revenues included in Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                     | ▶ \$ 52,395    |
|    | (ii) Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                 | ▶ \$ 9,678,175 |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items                                                                                                                                                        |                |
| a  | Revenues included in Form 990, Part VIII, line 1                                                                                                                                                                                                                                                                                                                         | ▶ \$ 0         |
| b  | Assets included in Form 990, Part X                                                                                                                                                                                                                                                                                                                                      | ▶ \$ 0         |

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

- 3

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

☒ Public exhibition

b

☒ Scholarly research

c

☒ Preservation for future generations

d

☒ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV and complete the following table
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIV

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

|                                                            | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|------------------------------------------------------------|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 535,887,570     | 503,167,897   | 662,904,332       |                     |                    |
| b Contributions . . . . .                                  | 5,912,096       | 6,071,042     | 3,515,032         |                     |                    |
| c Investment earnings or losses . . . . .                  | 111,891,009     | 60,421,588    | -127,229,846      |                     |                    |
| d Grants or scholarships . . . . .                         | 7,566,269       | 7,082,487     | 6,613,057         |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 18,730,941      | 19,394,159    | 20,145,463        |                     |                    |
| f Administrative expenses . . . . .                        | 10,109,112      | 9,600,451     | 9,263,101         |                     |                    |
| g End of year balance . . . . .                            | 617,284,353     | 533,583,430   | 503,167,897       |                     |                    |

- 2

Provide the estimated percentage of the year end balance held as
- a

Board designated or quasi-endowment ▶ 15 01 %
- b

Permanent endowment ▶ 84 96 %
- c

Term endowment ▶ 0 03 %
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

No
- b

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

3b
- 4

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

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

| Description of investment                                                                            | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                    | 0                                    | 22,465,395                     |                              | 22,465,395     |
| b Buildings . . . . .                                                                                | 0                                    | 151,766,370                    | 48,788,733                   | 102,977,637    |
| c Leasehold improvements . . . . .                                                                   | 0                                    | 73,421,161                     | 35,181,515                   | 38,239,646     |
| d Equipment . . . . .                                                                                | 0                                    | 51,857,577                     | 46,137,969                   | 5,719,608      |
| e Other . . . . .                                                                                    | 0                                    | 44,895,246                     | 35,634,518                   | 9,260,728      |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 178,663,014    |





| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |              |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------|
| 1                                                                                   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1185,442,944 |
| 2                                                                                   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2179,406,111 |
| 3                                                                                   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 36,036,833   |
| 4                                                                                   | Net unrealized gains (losses) on investments                                    | 475,377,234  |
| 5                                                                                   | Donated services and use of facilities                                          | 50           |
| 6                                                                                   | Investment expenses                                                             | 60           |
| 7                                                                                   | Prior period adjustments                                                        | 70           |
| 8                                                                                   | Other (Describe in Part XIV)                                                    | 8-111,225    |
| 9                                                                                   | Total adjustments (net) Add lines 4 - 8                                         | 975,266,009  |
| 10                                                                                  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 1081,302,842 |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------|
| 1                                                                                          | Total revenue, gains, and other support per audited financial statements . . . . .         | 1254,602,018 |
| 2                                                                                          | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |              |
| a                                                                                          | Net unrealized gains on investments . . . . .2a75,377,234                                  |              |
| b                                                                                          | Donated services and use of facilities . . . . .2b0                                        |              |
| c                                                                                          | Recoveries of prior year grants . . . . .2c0                                               |              |
| d                                                                                          | Other (Describe in Part XIV) . . . . .2d-9,531,213                                         |              |
| e                                                                                          | Add lines 2a through 2d . . . . .                                                          | 2e65,846,021 |
| 3                                                                                          | Subtract line 2e from line 1 . . . . .                                                     | 3188,755,997 |
| 4                                                                                          | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |              |
| a                                                                                          | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a0              |              |
| b                                                                                          | Other (Describe in Part XIV) . . . . .4b-3,313,053                                         |              |
| c                                                                                          | Add lines 4a and 4b . . . . .                                                              |              |
| 5                                                                                          | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5185,442,944 |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |              |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------|
| 1                                                                                             | Total expenses and losses per audited financial statements . . . . .                        | 1173,299,176 |
| 2                                                                                             | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |              |
| a                                                                                             | Donated services and use of facilities . . . . .2a0                                         |              |
| b                                                                                             | Prior year adjustments . . . . .2b0                                                         |              |
| c                                                                                             | Other losses . . . . .2c0                                                                   |              |
| d                                                                                             | Other (Describe in Part XIV) . . . . .2d5,165,644                                           |              |
| e                                                                                             | Add lines 2a through 2d . . . . .                                                           | 2e5,165,644  |
| 3                                                                                             | Subtract line 2e from line 1 . . . . .                                                      | 3168,133,532 |
| 4                                                                                             | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |              |
| a                                                                                             | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a11,079,834      |              |
| b                                                                                             | Other (Describe in Part XIV) . . . . .4b192,745                                             |              |
| c                                                                                             | Add lines 4a and 4b . . . . .                                                               |              |
| 5                                                                                             | Total Expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5179,406,111 |

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier        | Return Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchD_P03_S00_L04  | Schedule D, Part III, Line 4   | The College maintains more than 15,000 works of art from antiquity to the present that comprise the permanent collection of the Mount Holyoke College Art Museum This culturally and chronologically diverse collection is an important teaching and learning resource for faculty and students in all disciplines, and serves as a major cultural resource for area schools and the general public Dedicated to providing firsthand experiences with works of significant aesthetic and cultural value, the Museum staff develop exhibitions that aim to provide aesthetic enjoyment, stimulate inquisitive looking and encourage the understanding of the artistic achievements represented by a diversity of cultures and time periods The Museum selects works of art to install in the Art Museum's ten galleries and reception hall on a rotating basis and produces four to six special exhibitions each year in addition to its display from the permanent collection Each exhibition is carefully chosen to support the curriculum of the College and to appeal to the greater community |
| SchD_P05_S00_L01a | Schedule D, Part V, Line 1a    | The current year beginning balance differs from the prior year ending balance due to a change in the classification of endowment funds on the June 30, 2011 audited financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SchD_P05_S00_L04  | Schedule D, Part V, Line 4     | Mount Holyoke's endowment consists of approximately 1,500 funds established for a variety of purposes, including both donor restricted endowment funds and funds designated by the College to function as endowments About 27% of the endowment income used to support the College's operations is unrestricted Most of the endowed funds contain specific restrictions for the support of critical functions such as financial aid for students with demonstrated need, faculty salaries, library purchases, student and faculty research, internships and departmental programming Endowment income provides approximately 20% of the College's annual operating budget revenues                                                                                                                                                                                                                                                                                                                                                                                                                |
| SchD_P10_S00_L02  | Schedule D, Part X, Line 2     | The College is a tax exempt organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income taxes on related income pursuant to Section 501(a) of the Code The College assesses uncertain tax positions and determined that there were no such positions that have a material effect on the financial statements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SchD_P11_S00_L08  | Schedule D, Part XI, Line 8    | Other includes Willits Hallowell Center net loss of -149,332, change in split interest agreements of -306,860, loss on debt refinancing of -32,392, change in value of interest rate swaps of 381,089, and other endowment changes and transfers of -3,730                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SchD_P12_S00_L02d | Schedule D, Part XII, Line 2d  | Other includes Willits Hallowell Center revenue of 1,513,665, change in split interest of -306,860, loss on debt refinancing of -32,392, change in value of interest rate swaps of 381,089, investment expenses of -11,079,834 and other endowment changes of -6,881                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SchD_P12_S00_L04b | Schedule D, Part XII, Line 4b  | Other includes cost of goods sold of -3,025,143, fundraising expenses of -9,148, faculty housing expenses of -467,982 and endowment expenses of 189,220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SchD_P13_S00_L02d | Schedule D, Part XIII, Line 2d | Other includes cost of goods sold of 3,025,143, Willits Hallowell Center expenses of 1,662,997, faculty housing expenses of 467,982, fundraising expenses of 9,148, and other transfers of 374                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SchD_P13_S00_L04b | Schedule D, Part XIII, Line 4b | Other includes 189,220 in expense netted with revenue on the financial statements, and other transfers of 3,525                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain If you need more space, use Part II

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

|    | YES | NO |
|----|-----|----|
| 1  | Yes |    |
| 2  | Yes |    |
| 3  | Yes |    |
| 4a | Yes |    |
| 4b | Yes |    |
| 4c | Yes |    |
| 4d | Yes |    |
| 5a |     | No |
| 5b |     | No |
| 5c |     | No |
| 5d |     | No |
| 5e |     | No |
| 5f |     | No |
| 5g |     | No |
| 5h |     | No |
| 6a | Yes |    |
| 6b |     | No |
| 7  | Yes |    |

**Part III**   **Supplemental Information**

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

| Identifier       | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchE_P01_S00_L03 | Schedule E, Part I, Line 3 | The College follows a nondiscriminatory policy toward faculty, students and staff, and with regard to students, includes this policy in most brochures and catalogues dealing with student admissions, programs and scholarships. Mount Holyoke has approximately 2,400 students who hail from 50 states and nearly 70 countries and the College demonstrates its commitment to diversity by enrolling students of racial minority groups in meaningful numbers. The racially diverse student body consists of approximately 20% who are international citizens. Out of domestic students, 28% identify as African American, Asian American, Latina, Native American or multiracial. |
| SchE_P01_S00_L06 | Schedule E, Part I, Line 6 | The College receives federal grants for faculty research and student scholarships.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

OMB No 1545-0047

**Open to Public Inspection**

04-2103578

**3** Activites per Region (Use Part V if additional space is needed )

Schedule F (Form 990) 2010

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

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . 1

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

**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 Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐ Yes ☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No



**Part V**   **Supplemental Information**

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

| Identifier       | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchF_P01_S00_L02 | Schedule F, Part I, Line 2 | All financial aid grants and scholarships to students are recorded in the financial aid management software, PowerFAIDS, by amount per semester. Student Financial Services staff determine student eligibility based on a consistently applied need analysis formula which calculates the expected family contribution (EFC). The EFC is subtracted from the total cost of attendance to equal the financial aid eligibility. The financial aid grant amount is determined based on consistently applied packaging formulas to meet the full calculated need of each student. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS, through fund tracking in the administration module. When requested by an institution for a student studying abroad, the College will complete a Financial Aid Information Sheet which includes detailed information about the types and amounts of financial aid being provided to the student, along with the total anticipated disbursement amount and the anticipated disbursement date to the student. Students use the financial aid funds they receive to pay the bill due to the foreign institution directly. In very rare instances, the College is contacted by the institution regarding an unpaid bill. The College will then contact the student to remind her that she is responsible for paying the institution using the funds sent to her (vs. MHC sending the funds directly to the institution). This usually occurs due to a misunderstanding and the situation is resolved promptly. Grant policy and procedures are reviewed annually by management. Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures. |

Additional Data

Software ID: 10000077

Software Version: v1.00

EIN: 04-2103578

Name: THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

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

| (a) Region                                                             | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| Central America and the Caribbean                                      | 0                                   | 0                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 117,703                           |
| Central America and the Caribbean                                      | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 3,825                             |
| Central America and the Caribbean                                      | 0                                   | 0                                           | Investments                                                                                                                    |                                                                                                    | 145,304,390                       |
| East Asia and the Pacific                                              | 1                                   | 1                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 200,875                           |
| East Asia and the Pacific                                              | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 41,622                            |
| East Asia and the Pacific                                              | 0                                   | 0                                           | Program Services                                                                                                               | Recruitment                                                                                        | 10,949                            |
| East Asia and the Pacific                                              | 0                                   | 0                                           | Fundraising                                                                                                                    | Alumnae Meetings                                                                                   | 15,656                            |
| Europe (including Iceland and Greenland)                               | 0                                   | 0                                           | Program Services                                                                                                               | Study Abroad                                                                                       | 742,258                           |
| Europe (including Iceland and Greenland)                               | 1                                   | 1                                           | Program Services                                                                                                               | Study Abroad                                                                                       | 381,504                           |
| Europe (including Iceland and Greenland)                               | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 93,751                            |
| Europe (including Iceland and Greenland)                               | 0                                   | 0                                           | Program Services                                                                                                               | Recruitment                                                                                        | 33,882                            |
| Europe (including Iceland and Greenland)                               | 0                                   | 0                                           | Investments                                                                                                                    |                                                                                                    | 1,089,750                         |
| Middle East and North Africa                                           | 0                                   | 0                                           | Program Services                                                                                                               | Recruitment                                                                                        | 10,870                            |
| Middle East and North Africa                                           | 0                                   | 0                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 18,197                            |
| Middle East and North Africa                                           | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 709                               |
| North America (including Canada and Mexico, but not the United States) | 0                                   | 0                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 7,523                             |
| North America (including Canada and Mexico, but not the United States) | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 55,511                            |
| North America (including Canada and Mexico, but not the United States) | 0                                   | 0                                           | Program Services                                                                                                               | Recruitment                                                                                        | 1,196                             |
| North America (including Canada and Mexico, but not the United States) | 0                                   | 0                                           | Fundraising                                                                                                                    | Alumnae Meetings                                                                                   | 566                               |
| Russia and the newly independent States                                | 0                                   | 0                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 17,553                            |
| Russia and the newly independent States                                | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 300                               |
| South America                                                          | 0                                   | 0                                           | Program Services                                                                                                               | Grant Aid                                                                                          | 52,322                            |
| South America                                                          | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 4,404                             |
| Sub-Saharan Africa                                                     | 0                                   | 0                                           | Program Services                                                                                                               | Study Abroad                                                                                       | 57,418                            |
| Sub-Saharan Africa                                                     | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 21,107                            |
| South Asia                                                             | 0                                   | 0                                           | Program Services                                                                                                               | Research                                                                                           | 9,822                             |



Part II Fundraising Events.

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

|                 |    | (a) Event #1                                                           | (b) Event #2     | (c) Other Events   | (d) Total Events              |
|-----------------|----|------------------------------------------------------------------------|------------------|--------------------|-------------------------------|
|                 |    | <u>Friends of Athletics</u><br>(event type)                            | <br>(event type) | <br>(total number) | (Add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                 | 32,714           |                    | 32,714                        |
|                 | 2  | Less Charitable contributions . . . .                                  | 23,680           |                    | 23,680                        |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             | 9,034            |                    | 9,034                         |
| Direct Expenses | 4  | Cash prizes . . . .                                                    | 0                |                    | 0                             |
|                 | 5  | Non-cash prizes . . . .                                                | 1,440            |                    | 1,440                         |
|                 | 6  | Rent/facility costs . . . .                                            | 0                |                    | 0                             |
|                 | 7  | Food and beverages . . . .                                             | 0                | 0                  | 0                             |
|                 | 8  | Entertainment . . . .                                                  | 0                | 0                  | 0                             |
|                 | 9  | Other direct expenses . . . .                                          | 7,708            |                    | 7,708                         |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |                  |                    |                               |
|                 | 11 | Net income summary Combine lines 3 and 10 in column (d). . . . . ▶     |                  |                    |                               |
|                 |    |                                                                        |                  |                    | -114                          |

Part III Gaming.

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

|                 |   | (a) Bingo                                                                 | (b) Pull tabs/Instant bingo/progressive bingo                      | (c) Other gaming                                                   | (d) Total gaming                                                   |
|-----------------|---|---------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
|                 |   |                                                                           |                                                                    |                                                                    | (Add col (a) through col (c))                                      |
| Revenue         | 1 | Gross revenue . . . . .                                                   |                                                                    |                                                                    |                                                                    |
|                 | 2 | Cash prizes . . . . .                                                     |                                                                    |                                                                    |                                                                    |
| Direct Expenses | 3 | Non-cash prizes . . . . .                                                 |                                                                    |                                                                    |                                                                    |
|                 | 4 | Rent/facility costs . . . . .                                             |                                                                    |                                                                    |                                                                    |
|                 | 5 | Other direct expenses . . . . .                                           |                                                                    |                                                                    |                                                                    |
|                 | 6 | Volunteer labor . . . . .                                                 | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____%<br><input type="checkbox"/> No |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                    |                                                                    |                                                                    |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                    |                                                                    |                                                                    |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

|   |                             |     |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility         | 13b |

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

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 ▶ \$ \_\_\_\_\_

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047  
  
2010  
  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number  
04-2103578

Part I

General Information on Grants and Assistance

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

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ☐

| 1 (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                                                                                                       |
|-----------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Town of South Hadley116 Main Street<br>South Hadley, MA 01075           | 04-6001303 |                                    | 10,250                   |                                   |                                                       |                                        | Support for fire department capital equipment fund                                                                                       |
| (2) WFCRUniversity of Massachusetts<br>Hampshire House<br>Amherst, MA 01003 | 04-6130523 | 501(c)(3)                          | 18,750                   |                                   |                                                       |                                        | General support for local public radio station                                                                                           |
| (3) WAMCPO Box 66600<br>Albany, NY 12206                                    | 22-2400593 | 501(c)(3)                          | 50,000                   |                                   |                                                       |                                        | Support for the Academic Minute educational radio program featuring current academic research by professors throughout the United States |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |
|                                                                             |            |                                    |                          |                                   |                                                       |                                        |                                                                                                                                          |

2 Enter total number of section 501(c)(3) and government organizations . . . . . 6

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

Part III

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

| (a)Type of grant or assistance                                                                                                                          | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
| (1) Fellowships and student financial aid for tuition, room and board expenses at Mount Holyoke College and other institutions within the United States | 1818                    | 49,644,087              | 0                                |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |
|                                                                                                                                                         |                         |                         |                                  |                                                      |                                       |

Part IV

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

| Identifier       | Return Reference           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchI_P01_S00_L02 | Schedule I, Part I, Line 2 | All financial aid grants and scholarships to students are recorded in the financial aid management software, PowerFAIDS, by amount per semester. Student Financial Services staff determine student eligibility based on a consistently applied need analysis formula which calculates the expected family contribution (EFC). The EFC is subtracted from the total cost of attendance to equal the financial aid eligibility. The financial aid grant amount is determined based on consistently applied packaging formulas to meet the full calculated need of each student. In addition to the need based aid that the College awards, there are some grants that are awarded based on merit. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS, through fund tracking in the administration module. Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures. Infrequently at the discretion of the President or Vice President for Finance and Administration, the College makes donations to support the town or nonprofit organizations. In these instances, the College generally does not monitor the ultimate use of the funds as these amounts are unrestricted grants to municipalities and organizations that are recognized as being described in Internal Revenue Code Section 501(c)(3). In certain instances when the College grants funds for specified use by the town, the College maintains a written agreement that such grant will be used for the designated purpose. |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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.

Name of the organization

THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No  |
| 1a | Check the 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                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1b  | Yes |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2   | Yes |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |     |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                                                  |     |     |
| 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 from the organization or a related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4a  | Yes |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4b  | No  |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4c  | No  |
|    | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5b  | No  |
|    | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6b  | No  |
|    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7   | No  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8   | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9   |     |



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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 |                                                |                         |                                 |                                                            |
| (1) Lynn Pasquerella    | (i)<br>(ii) | 221,664<br>0                                       | 0<br>0                              | 49,701<br>0                         | 12,863<br>0                                    | 4,303<br>0              | 288,531<br>0                    | 0<br>0                                                     |
| (2) Donal O'Shea        | (i)<br>(ii) | 215,172<br>0                                       | 0<br>0                              | 9,540<br>0                          | 23,148<br>0                                    | 29,403<br>0             | 277,263<br>0                    | 0<br>0                                                     |
| (3) Charles Haight      | (i)<br>(ii) | 218,496<br>0                                       | 0<br>0                              | 4,293<br>0                          | 23,148<br>0                                    | 2,792<br>0              | 248,729<br>0                    | 0<br>0                                                     |
| (4) Penny Gill          | (i)<br>(ii) | 186,335<br>0                                       | 0<br>0                              | 0<br>0                              | 19,713<br>0                                    | 6,429<br>0              | 212,477<br>0                    | 0<br>0                                                     |
| (5) Mary Jo Maydew      | (i)<br>(ii) | 170,294<br>0                                       | 0<br>0                              | 0<br>0                              | 18,518<br>0                                    | 10,940<br>0             | 199,752<br>0                    | 0<br>0                                                     |
| (6) Jane Brown          | (i)<br>(ii) | 144,314<br>0                                       | 0<br>0                              | 0<br>0                              | 15,391<br>0                                    | 9,534<br>0              | 169,239<br>0                    | 0<br>0                                                     |
| (7) Diane Anci          | (i)<br>(ii) | 130,581<br>0                                       | 0<br>0                              | 27,953<br>0                         | 15,314<br>0                                    | 26,322<br>0             | 200,170<br>0                    | 0<br>0                                                     |
| (8) Joseph Ellis        | (i)<br>(ii) | 182,323<br>0                                       | 0<br>0                              | 0<br>0                              | 20,116<br>0                                    | 20,722<br>0             | 223,161<br>0                    | 0<br>0                                                     |
| (9) Charlotte Patriquin | (i)<br>(ii) | 152,839<br>0                                       | 0<br>0                              | 1,889<br>0                          | 16,485<br>0                                    | 9,281<br>0              | 180,494<br>0                    | 0<br>0                                                     |
| (10) Eva Paus           | (i)<br>(ii) | 151,115<br>0                                       | 0<br>0                              | 0<br>0                              | 16,345<br>0                                    | 15,552<br>0             | 183,012<br>0                    | 0<br>0                                                     |
| (11) Joseph Cohen       | (i)<br>(ii) | 147,571<br>0                                       | 0<br>0                              | 0<br>0                              | 16,031<br>0                                    | 16,438<br>0             | 180,040<br>0                    | 0<br>0                                                     |
| (12) Melinda Darby Dyar | (i)<br>(ii) | 150,760<br>0                                       | 0<br>0                              | 0<br>0                              | 10,789<br>0                                    | 402<br>0                | 161,951<br>0                    | 0<br>0                                                     |
| (13) Joanne Creighton   | (i)<br>(ii) | 369,361<br>0                                       | 0<br>0                              | 416,506<br>0                        | 25,725<br>0                                    | 43,159<br>0             | 854,751<br>0                    | 0<br>0                                                     |
| (14) Lee Bowie          | (i)<br>(ii) | 128,773<br>0                                       | 0<br>0                              | 0<br>0                              | 14,682<br>0                                    | 22,395<br>0             | 165,850<br>0                    | 0<br>0                                                     |
| ( 15 )                  |             |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 16 )                  |             |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**Part III**   **Supplemental Information**

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

| Identifier        | Return Reference            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchJ_P01_S00_L01a | Schedule J, Part I, Line 1a | The College's Companion Travel Policy states that in occasional authorized circumstances the College will pay or reimburse for travel, meals and expenses of the spouse/partner of an officer. Specifically, while performing her official duties in the areas of development, alumni relations and other business of the College, the President may be accompanied by her spouse/partner, who is expected to make an important contribution to achieving the purpose of the travel or events. In those cases, the College's policy is to authorize the payment of all travel and related expenses of the President's spouse/partner. Under the accountable travel plan of the College, all expenses must be documented and receipts provided. In addition, when companion travel is necessary for business purposes and is paid by the College, the following conditions must be met in order to exclude travel costs from the taxable income of the employee: 1. The spouse/partner attends and contributes to the official function. 2. The purpose of the travel, the activities of the spouse/partner relating to College business and the expenses incurred are fully documented. Any spouse/partner travel other than that of the President must be approved, in advance, by the President. The Board of Trustees recognizes the unique role the President and other senior administrators play in supporting alumnae and development activities, campus events, and other official functions. Accordingly, as a condition of employment and for the convenience of the College, College owned or leased housing is provided to the President and the Dean of Faculty to fulfill these duties. Such housing provided to the President is approved by the Board of Trustees and housing provided to other senior administrators is approved by the President. An amount is included as a nontaxable benefit for the personal use of College provided housing. For the President's house, the College provides custodial personnel and appropriate equipment and supplies necessary to keep the residence's appearance and cleanliness at acceptable standards. The cost for time spent cleaning the personal quarters of the President's house is included in the Form W-2 of the President. The College pays for the President's memberships in two social clubs, one to provide a location for New York City College related events and meetings and the other to provide off site meeting space. Since these memberships are exclusively for business related events, no amounts are included in compensation or benefits. |
| SchJ_P01_S00_L03  | Schedule J, Part I, Line 3  | For a description of the process used to determine the President's compensation, please refer to Schedule O, Part VI, Section B, Line 15.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SchJ_P01_S00_L04  | Schedule J, Part I, Line 4  | The employment contract with President Emeritus Joanne Creighton called for a severance payment at the conclusion of her tenure as President on June 30, 2010. The amount of the severance payment was \$381,325 and is included in reportable compensation in Part VII and in other reportable compensation in Schedule J.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                                                                   |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |                                              |                  |                           |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----------------------------------------------|------------------|---------------------------|
| Schedule K<br>(Form 990)                                          | Supplemental Information on Tax Exempt Bonds<br>▶ 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).<br>▶ Attach to Form 990. ▶ See separate instructions. |  |  |  |  |  |  |  |  |                                              | OMB No 1545-0047 |                           |
|                                                                   |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |                                              | 2010             |                           |
|                                                                   | Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |                                              |                  | Open to Public Inspection |
| Name of the organization<br>THE TRUSTEES OF MOUNT HOLYOKE COLLEGE |                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  | Employer identification number<br>04-2103578 |                  |                           |

Part I

Bond Issues

|   | (a) Issuer Name                                                                                | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose                                               | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|---|------------------------------------------------------------------------------------------------|----------------|-------------|-----------------|-----------------|--------------------------------------------------------------------------|--------------|----|-------------------------|----|--------------------|----|
|   |                                                                                                |                |             |                 |                 |                                                                          | Yes          | No | Yes                     | No | Yes                | No |
| A | Massachusetts Development Finance Agency<br>Mount Holyoke College Issue Series 2008            | 04-3431814     | 57583RUS2   | 03-27-2008      | 40,231,354      | Construct and equip campus facilities                                    |              | X  |                         | X  |                    | X  |
| B | Massachusetts Development Finance Agency<br>Mount Holyoke College Issue Series 2011A and 2011B | 04-3431814     | 57583UFU7   | 06-09-2011      | 76,131,942      | To refund 2001 bond issue and to construct and improve campus facilities |              | X  |                         | X  |                    | X  |
|   |                                                                                                |                |             |                 |                 |                                                                          |              |    |                         |    |                    |    |
|   |                                                                                                |                |             |                 |                 |                                                                          |              |    |                         |    |                    |    |
|   |                                                                                                |                |             |                 |                 |                                                                          |              |    |                         |    |                    |    |

Part II

Proceeds

|    |                                                                                                        | A          |    | B          |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------|------------|----|------------|----|-----|----|-----|----|
| 1  | Amount of bonds retired                                                                                | 0          |    | 45,144,582 |    |     |    |     |    |
| 2  | Amount of bonds legally defeased                                                                       | 0          |    | 0          |    |     |    |     |    |
| 3  | Total proceeds of issue                                                                                | 40,231,354 |    | 76,131,942 |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds                                                                        | 0          |    | 0          |    |     |    |     |    |
| 5  | Capitalized interest from proceeds                                                                     | 0          |    | 0          |    |     |    |     |    |
| 6  | Proceeds in refunding escrow                                                                           | 0          |    | 0          |    |     |    |     |    |
| 7  | Issuance costs from proceeds                                                                           | 456,354    |    | 569,268    |    |     |    |     |    |
| 8  | Credit enhancement from proceeds                                                                       | 0          |    | 0          |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds                                                             | 0          |    | 0          |    |     |    |     |    |
| 10 | Capital expenditures from proceeds                                                                     | 39,775,000 |    | 0          |    |     |    |     |    |
| 11 | Other spent proceeds                                                                                   | 0          |    | 0          |    |     |    |     |    |
| 12 | Other unspent proceeds                                                                                 | 0          |    | 30,418,092 |    |     |    |     |    |
| 13 | Year of substantial completion                                                                         | 2008       |    |            |    |     |    |     |    |
|    |                                                                                                        | Yes        | No | Yes        | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue?                                            | X          |    | X          |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue?                                           |            | X  |            | X  |     |    |     |    |
| 16 | Has the final allocation of proceeds been made?                                                        | X          |    |            | X  |     |    |     |    |
| 17 | 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   |    |
|---|----------------------------------------------------------------------------------------------------------------------------|--|--|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                            |  |  | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |  |  |     | X  |     | X  |     |    |     |    |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  |     | X  |     | X  |     |    |     |    |

Part IIIPrivate Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A      |    | B   |    | C   |    | D   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                      | Yes    | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use?                                                                                                                                               |        | X  |     | X  |     |    |     |    |
| b  | Are there any research agreements that may result in private business use of bond-financed property?                                                                                                                                 | X      |    |     | X  |     |    |     |    |
| c  | 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  |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      | 0 %    |    | 0 % |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 26 % |    | 0 % |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               | 0 26 % |    | 0 % |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X      |    | X   |    |     |    |     |    |

Part IVArbitrage

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

Part VSupplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

| Identifier        | Return Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchK_P03_S00_L03b | Schedule K, Part III, Line 3b | The College receives government grant funding for basic research for the advancement of scientific knowledge with no commercial objective. Some research takes place in campus facilities that were constructed or renovated using tax exempt bond proceeds, however, the College meets the safe harbor for reporting this research as not being private use. |
| SchK_P03_S00_L03c | Schedule K, Part III, Line 3c | Management reviews all contracts related to bond financed facilities and has engaged bond counsel to review any agreements that are deemed significant.                                                                                                                                                                                                       |
|                   |                               |                                                                                                                                                                                                                                                                                                                                                               |
|                   |                               |                                                                                                                                                                                                                                                                                                                                                               |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number  
04-2103578

Part I

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

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

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c)<br>Corrected? |    |
|---|---------------------------------|--------------------------------|-------------------|----|
|   |                                 |                                | Yes               | No |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |
|   |                                 |                                |                   |    |

2

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

\$

3

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

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose    | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |            | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|----------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|------------|-------------------------------------|----|-----------------------|----|
|                                              | To                                    | From |                              |                | Yes             | No         | Yes                                 | No | Yes                   | No |
| (1) Joanne Creighton Split Dollar Receivable |                                       | X    | 327,600                      | 289,136        |                 | No         | Yes                                 |    | Yes                   |    |
|                                              |                                       |      |                              |                |                 |            |                                     |    |                       |    |
|                                              |                                       |      |                              |                |                 |            |                                     |    |                       |    |
|                                              |                                       |      |                              |                |                 |            |                                     |    |                       |    |
|                                              |                                       |      |                              |                |                 |            |                                     |    |                       |    |
|                                              |                                       |      |                              |                |                 |            |                                     |    |                       |    |
| Total . . . . .                              |                                       |      |                              |                |                 | \$ 289,136 |                                     |    |                       |    |

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction    | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|-----------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                   | Yes                                     | No |
| (1) Michael Crowley           | Spouse of VP for Finance and Administration                     | 93,874                    | Compensation as Dir of Networking |                                         | No |
| (2) Barclays Capital          | Barbara Byrne, Trustee                                          | 102,149                   | Underwriting Fees                 |                                         | No |
|                               |                                                                 |                           |                                   |                                         |    |
|                               |                                                                 |                           |                                   |                                         |    |
|                               |                                                                 |                           |                                   |                                         |    |
|                               |                                                                 |                           |                                   |                                         |    |

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier       | Return Reference    | Explanation                                                                                                                                                                                                                                                                                                              |
|------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchL_P04_S00_L00 | Schedule L, Part IV | Barbara Byrne, Trustee, is Vice Chairman of Barclays Capital which is the underwriter of the Mount Holyoke College Series 2011B bond issue. Ms. Byrne abstained from the June 1, 2011 Finance Committee vote concerning final approval of the Series 2011B bond issue to avoid any appearance of a conflict of interest. |

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization  
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number  
04-2103578

Part I

Types of Property

|                                                                            | (a)<br>Check if<br>applicable | (b)<br>Number of Contributions or items<br>contributed | (c)<br>Noncash contribution amounts<br>reported on Form 990, Part VIII, line<br>1g | (d)<br>Method of determining oncash contribution<br>amounts |
|----------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1 Art—Works of art . . . .                                                 | X                             | 2                                                      | 52,395                                                                             | Opinions of experts                                         |
| 2 Art—Historical treasures                                                 |                               |                                                        |                                                                                    |                                                             |
| 3 Art—Fractional interests                                                 |                               |                                                        |                                                                                    |                                                             |
| 4 Books and publications                                                   |                               |                                                        |                                                                                    |                                                             |
| 5 Clothing and household<br>goods . . . . .                                |                               |                                                        |                                                                                    |                                                             |
| 6 Cars and other vehicles .                                                |                               |                                                        |                                                                                    |                                                             |
| 7 Boats and planes . . . .                                                 |                               |                                                        |                                                                                    |                                                             |
| 8 Intellectual property . .                                                |                               |                                                        |                                                                                    |                                                             |
| 9 Securities—Publicly traded                                               | X                             | 233                                                    | 2,230,970                                                                          | Market value                                                |
| 10 Securities—Closely held<br>stock . . . . .                              |                               |                                                        |                                                                                    |                                                             |
| 11 Securities—Partnership,<br>LLC, or trust interests .                    |                               |                                                        |                                                                                    |                                                             |
| 12 Securities—Miscellaneous                                                |                               |                                                        |                                                                                    |                                                             |
| 13 Qualified conservation<br>contribution—Historic<br>structures . . . . . |                               |                                                        |                                                                                    |                                                             |
| 14 Qualified conservation<br>contribution—Other . .                        |                               |                                                        |                                                                                    |                                                             |
| 15 Real estate—Residential .                                               |                               |                                                        |                                                                                    |                                                             |
| 16 Real estate—Commercial                                                  |                               |                                                        |                                                                                    |                                                             |
| 17 Real estate—Other . .                                                   |                               |                                                        |                                                                                    |                                                             |
| 18 Collectibles . . . . .                                                  |                               |                                                        |                                                                                    |                                                             |
| 19 Food inventory . . . . .                                                |                               |                                                        |                                                                                    |                                                             |
| 20 Drugs and medical supplies                                              |                               |                                                        |                                                                                    |                                                             |
| 21 Taxidermy . . . . .                                                     |                               |                                                        |                                                                                    |                                                             |
| 22 Historical artifacts . .                                                |                               |                                                        |                                                                                    |                                                             |
| 23 Scientific specimens . .                                                |                               |                                                        |                                                                                    |                                                             |
| 24 Archeological artifacts .                                               |                               |                                                        |                                                                                    |                                                             |
| Rowing<br>25 Other ► ( Shells )                                            | X                             | 1                                                      | 7,190                                                                              | Fair value                                                  |
| 26 Other ► ( )                                                             |                               |                                                        |                                                                                    |                                                             |
| 27 Other ► ( )                                                             |                               |                                                        |                                                                                    |                                                             |
| 28 Other ► ( )                                                             |                               |                                                        |                                                                                    |                                                             |

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

29

1

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

Part III

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier        | Return Reference             | Explanation                                                                                                                                                                              |
|-------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SchM_P01_S00_L32b | Schedule M, Part I, Line 32b | For gifts of tangible real or personal property, the College engages the services of an auction house or real estate agent to sell the property and transfer the proceeds to the College |



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

|                                                                          |                                                     |
|--------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>THE TRUSTEES OF MOUNT HOLYOKE COLLEGE | <b>Employer identification number</b><br>04-2103578 |
|--------------------------------------------------------------------------|-----------------------------------------------------|

| Identifier        | Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_F06_S0A_L07a | Form 990, Part VI, Section A, Line 7a | According to the College's by-laws, five Trustees known as Alumna Trustees, shall be elected by the alumnae in accordance with the by-laws of the Alumnae Association. One Alumna Trustee shall be elected each year to serve for a period of five years. In addition, the President of the Alumnae Association shall serve as a sixth Alumna Trustee during her three-year term of office. The election of Trustees, other than Alumnae Trustees, may be held at any regular or special meeting provided that written notice of such election, including the names of nominees, has been made at least seven days prior to the meeting. Nominations shall be made by the Nominating and Governance Committee. A two-thirds vote of the Trustees present at a duly called meeting shall be necessary for election of a Trustee. |

| Identifier        | Return Reference                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P06_S0B_L11b | Form 990, Part VI, Section B, Line 11b | Annual review of the College's Form 990 is delegated to the Audit Committee. The Nominating and Governance Committee is responsible for reviewing the sections of the Form 990 that pertain to compensation and reporting back to the Audit Committee. This process permits the group of Trustees (the Audit Committee) who are most knowledgeable to review the document on behalf of the entire Board. The Audit Committee reports their findings to the Board of Trustees and the complete copy of the Form 990 is provided to each member prior to filing. |

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

| Identifier       | Return Reference                      | Explanation                                                                                                                                                                                                                                                                            |
|------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P06_S0B_L13 | Form 990, Part VI, Section B, Line 13 | The College has an existing Whistleblow er Policy Such policy was reviewed by the Audit Committee in May 2009 and formally approved by the Audit Committee, as authorized by the Board of Trustees, subsequent to the College's fiscal year end but prior to the filing of this return |

| Identifier       | Return Reference                         | Explanation                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P06_S0B_L14 | Form 990, Part VI,<br>Section B, Line 14 | The College has an existing Document Retention and Destruction Policy. Such policy was formally approved by the Audit Committee, as authorized by the Board of Trustees, subsequent to the College's fiscal year end but prior to the filing of this return. |

| Identifier       | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P06_S0B_L15 | Form 990,<br>Part VI,<br>Section B,<br>Line 15 | <p>Annually, the Human Resources Department assembles comparative salary data for all senior/executive positions at the College including President and all Vice Presidents (Vice President for Academic Affairs/Dean of the Faculty, Vice President for Finance and Administration, Vice President for Advancement/Development, Vice President of Student Affairs/Dean of the College, and Vice President for Enrollment and College Relations) and the Assistant/Senior Advisor to the President. This process was last undertaken in May 2011 for each of the positions mentioned above. Salary data for these executive positions is compiled from the Administrative Compensation Survey conducted annually by the College and University Professional Association for Human Resources (CUPA-HR) and assembled and analyzed using several views (25th and 75th percentiles, median, and mean) for salary data from all private independent institutions by comparable budget quartile as Mount Holyoke College, and from a selection of participating Consortium on Financing Higher Education (COFHE) institutions. In addition, Mount Holyoke College participates in a survey on executive total compensation which is conducted annually by a third party compensation consultant (currently conducted by the Person Group). Twenty-five of the College's peer institutions also participate in this survey. Salary data from this survey is analyzed in a similar fashion to the CUPA-HR data. This salary data, along with salaries of current Mount Holyoke College incumbents, is assembled and shared with the Chair of the Board of Trustees and with the Chair of the Nominating and Governance Committee. The data is then presented to the full Nominating and Governance Committee for discussion and decision on what salary adjustments, if any, will be recommended and brought to the full Board for a vote at their executive session. The Chair of the Board of Trustees is responsible for the oversight of the review of performance of the President. The President is responsible for oversight of performance management for the Vice Presidents. With regard to the President's compensation, in addition to comparative salary data, the Human Resources Department also assembles a summary report of Presidential "total" compensation. This report is also reviewed by and discussed with the Nominating and Governance Committee and shared with the entire Board at their executive session.</p> |

| Identifier        | Return Reference                          | Explanation                                                                                                                                                                                                                                                                        |
|-------------------|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P06_S0B_L16b | Form 990, Part VI,<br>Section B, Line 16b | The College has procedures in place to evaluate its participation in joint ventures and the Audit Committee, as authorized by the Board of Trustees, formally approved the Joint Venture Policy subsequent to the College's fiscal year end but prior to the filing of this return |

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



| Identifier        | Return Reference                       | Explanation                                                                                                                                                                                                                                      |
|-------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P07_S0A_L01a | Form 990, Part VII, Section A, Line 1a | The Trustees of Mount Holyoke College devote approximately 10 hours per week and the President, Treasurer and Secretary of the College devote approximately one hour per week to Willits Hallowell Center Inc , a related 501(c)(3) organization |

| Identifier       | Return Reference          | Explanation                                                                                                                                                                                                                                                                                                                        |
|------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F990_P11_S00_L05 | Form 990, Part XI, Line 5 | Other changes include unrealized gain of 64,297,400, investment expenses of 11,079,834, Willits Hallowell Center support of -133,407, change in split interest agreements of -306,860, loss on debt refinancing of -32,392, change in value of interest rate swaps of 381,089, and other endowment changes and transfers of -3,730 |

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                                                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                                                                                                                |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| (1) Willits Hallowell Center Inc<br><br>c/o Mount Holyoke College<br>50 College Street<br>South Hadley, MA 01075<br>04-2565823                 | MHC Meetings            | MA                                               | 501(c)(3)                  | 11(d)                                               | N/A                              | Yes                                               |    |
| (2) Alumnae Association of Mount Holyoke College<br><br>c/o Mount Holyoke College<br>50 College Street<br>South Hadley, MA 01075<br>04-2105894 | Alumnae Networking      | MA                                               | 501(c)(3)                  | 11(a)                                               | N/A                              |                                                   | No |
| (3) Associated Kyoto Program Inc<br><br>Smith College Controllers Office<br>College Hall Room 204<br>Northampton, MA 01063<br>04-2996114       | Educational Exchange    | MA                                               | 501(c)(3)                  | 11(d)                                               | N/A                              |                                                   | No |
| (4) Center Redevelopment Corporation<br><br>17 College Street<br><br>South Hadley, MA 01075<br>04-2939950                                      | Real Estate             | MA                                               | 501(c)(3)                  | 11(a)                                               | N/A                              |                                                   | No |
|                                                                                                                                                |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                                                                |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                                                                                                                |                         |                                                  |                            |                                                     |                                  |                                                   |    |

Part III

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

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

Part IV

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

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

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1) Willits Hallowell Center Inc  | k                               | 190,740                | Overhead Allocation                             |
| (2) Willits Hallowell Center Inc  | l                               | 562,816                | Internal Sales                                  |
| (3) Willits Hallowell Center Inc  | m                               | 350,000                | Estimated fair market value of building         |
| (4) Willits Hallowell Center Inc  | q                               | 133,407                | Willits Hallowell Center subsidy                |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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

| (a)<br>Name, address, and EIN of related organization                                                                     | (b)<br>Primary activity   | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income (\$) | (g)<br>Share of end-of-year assets (\$) | (h)<br>Percentage ownership |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| The Center Business Corporation<br>17 College Street<br>South Hadley, MA01075<br>04-2983326                               | Small business investment | MA                                               | N/A                              | C                                                | -565                              | 13,067                                  | 1 00 %                      |
| EB Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-3360903                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 142,171                                 | 66 %                        |
| MDC Trust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-3458603                        | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 164,496                                 | 80 %                        |
| CC Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6732296                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 419,135                                 | 79 %                        |
| JF Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6845125                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 59,794                                  | 80 %                        |
| MCF Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6921565                     | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 69,338                                  | 71 %                        |
| MF Charitable Remainder Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6933994 | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 221,749                                 | 64 %                        |
| BJG Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6603570                     | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 43,412                                  | 66 %                        |
| HS Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6790550                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 150,706                                 | 99 %                        |
| CLJ Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>02-6088814                     | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 102,621                                 | 98 %                        |
| MJ Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-3217331                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 77,661                                  | 87 %                        |
| MRJ Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-3343634                     | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 128,741                                 | 73 %                        |
| BBK Trust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6929303                        | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 55,698                                  | 53 %                        |
| DCL Trust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6882822                        | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 68,319                                  | 71 %                        |
| MM Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>13-6533040                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 348,365                                 | 58 %                        |
| SM Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6823646                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 80,021                                  | 70 %                        |
| SN Trust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>20-6804046                         | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 79,806                                  | 53 %                        |
| BJP Charitable Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-6946865          | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 73,793                                  | 59 %                        |
| MT Unitrust<br>c/o BNY Mellon<br>BNY Mellon Ctr<br>One Boston Place<br>Boston, MA02108<br>04-3360901                      | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 73,594                                  | 71 %                        |
| SB Trust<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075                                           | Charitable Trust          | MA                                               | N/A                              | T                                                |                                   | 150,342                                 | 72 %                        |



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

| (a)<br>Name, address, and EIN of related organization                                 | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income (\$) | (g)<br>Share of end-of-year assets (\$) | (h)<br>Percentage ownership |
|---------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|-----------------------------------|-----------------------------------------|-----------------------------|
| CMM Trust<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075      | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 116,745                                 | 62 %                        |
| EB Unitrust<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075    | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 74,254                                  | 83 %                        |
| MF Unitrust #2<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075 | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 1,222,415                               | 54 %                        |
| MF Unitrust #1<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075 | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 507,632                                 | 54 %                        |
| RIS Trust<br>c/o Mount Holyoke College<br>50 College St<br>South Hadley, MA01075      | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 27,782                                  | 72 %                        |
| JAS Trust<br>c/o Mount Holyoke College<br>50 College Street<br>South Hadley, MA01075  | Charitable Trust        | MA                                               | N/A                              | T                                                |                                   | 360,892                                 | 1 00 %                      |