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DLN: 93493134044326

Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	or the 2	014 cal	endar year, or tax year beginnin	g 07-01-2014 , and ending 06-30-20	15			
	eck if ap		C Name of organization THE TRUSTEES OF MOUNT HOLYOK	E COLLEGE		D Emplo	yer ident	ification number
	dress cha	_				04-2	103578	
	me chan tıal returr	_	Doing business as Mount Holyoke College					
, IIII Fir		II		nail is not delivered to street address) Room/	suite	<b>–</b> E Teleph	one numbe	er
ret	urn/term	nnated	50 College Street			(413	538-26	41
☐ Am	nended re	eturn	City or town, state or province, cou South Hadley, MA 01075	ntry, and ZIP or foreign postal code		66	racaimta & 1	240 705 147
Г Ар	plication	pending	South Hadicy, FIA 01075			G Gloss	receipts \$ 7	248,785,147
			<b>F</b> Name and address of pro	ncıpal officer		hıs a group		
			50 College Street		sun	ordinates?		ΓYes <b>Γ</b> No
			South Hadley, MA 01075			all subord	ınates	┌ Yes ┌ No
T Ta	ax-exemp	pt status	✓ 501(c)(3)	(insert no ) 4947(a)(1) or 527		uded? No," attacl	nalıst (s	see instructions)
	ebsite:	: <b> -</b> ww	w mtholyoke edu		┨ _	oup exemp		
			Corporation Trust Association		1(6)	formation 18	1	
	m or orga		imary	on   Other	L Year of	romation 18	336 M S	tate of legal domicile MA
Governance	T th a s th	he mis hrough n exce taff, to	academic programs recognized ptionally diverse and inclusive le continue building on the College	on or most significant activities s to provide an intellectually adventur internationally for their excellence aniearning community with a highly accore's historic legacy of leadership in the urriculum and careers, for lives of tho	d range, to dra nplished, com education of	aw student imitted, an women, an	s from al d respon d to prep	l backgrounds into sive faculty and are students,
	<b>2</b> C	heck tl	his box দ if the organization d	scontinued its operations or disposed	l of more than	25% of its	net ass	ets
Activities &	3 11	lumbar	of voting members of the govern	ning body (Part VI, line 1a)			3	34
ΣĦ	1		-	of the governing body (Part VI, line 1			4	32
ď			mber of individuals employed in			5	3,311	
	<b>6</b> ⊤	otal nu	mber of volunteers (estimate if r	necessary)			6	1,513
				Part VIII, column (C), line 12			7a	1,446,855
	<b>B</b> N	iet unre	erated dustriess taxable income i	from Form 990-T, line 34		ior Year	7b   	Current Year
	8	Contr	ibutions and grants (Part VIII, I	ıne 1h)		31,201,	331	26,816,781
nKe	9	Progra	am service revenue (Part VIII, I	ıne 2g)		102,236,	167	106,827,292
Ravenue	10		·	n (A), lines 3, 4, and 7d)	·	52,629,	_	35,218,177
<u> </u>	11			, lines 5, 6d, 8c, 9c, 10c, and 11e) . (must equal Part VIII, column (A), li	ne l	18,682,	899	19,307,875
	12			. (must equal Fart VIII, column (A), n	iie	204,750,	274	188,170,125
	13			IX, column (A), lines 1-3)		48,670,	778	50,478,294
	14			IX, column (A), line 4)			0	0
8	15	5-10		ee benefits (Part IX, column (A), lines		79,128,	412	81,252,067
Expenses	16a	Profes	ssional fundraising fees (Part IX	, column (A), line 11e)			0	0
五	b	Total fu	undraising expenses (Part IX, column (D	0), line 25) ► 7,627,283				
_	17	Other	expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		58,525,	436	56,512,272
	18			ist equal Part IX, column (A), line 25)		186,324,		188,242,633
- er	19	Keven	nue less expenses Subtract line	18 from line 12		18,425, ng of Curre		-72,508
សិទ្ធិ ១០១					beginni	Year		End of Year
Not Assets or Fund Balances	20		assets (Part X, line 16)			977,370,		963,616,485
2 m	21					168,899,		170,856,764
	22 rt III		ssets or fund balances  Subtract nature Block	line 21 from line 20		808,470,	340	792,759,721
Unde my k prepa	er penal nowledgarer has	Ities of ge and s any k	perjury, I declare that I have ex belief, it is true, correct, and cor nowledge ature of officer	amined this return, including accompa mplete Declaration of preparer (other	than officer) i			•
Her	e		Rutan Comptroller e or print name and title					
			Print/Type preparer's name	Preparer's signature	Date C	heck / ıf	PTIN	
Pai	d	-	Firm's name 🕨		Se	elf-employed mn's EIN 🟲		
	pare	r						
Hec	Only	., I <sup>f</sup>	Firm's address 🟲		Į P	none no		

0)(Revenue \$

0 including grants of \$

162,978,023

(Expenses \$

Total program service expenses ►

0)

Part TV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet \bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 2	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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 through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

18   Enter the number of Forms No.2 of Form 100 & Enter -0 - find a topicable   18   0   0		Check if Schedule O contains a response or note to any line in this Part V			厂_
be Enter the number of Forms W-26 included in line 1a Enter-0- If mot applicable in the control of the control	1_	Enter the number vanceted in Box 2 of Form 1006 Fator Out and applicable 1.1		Yes	No
the comparation comply with backup withholding rules for reportable payments to vendors and reportable gamm (gammin) without port awiners?  2.2 Enter the number of employees reported on Form W-1, Transmitted of Wage and Tax Statements, filed for the called any year ending with or within the year covered by this return.  2.3 If the regiments, filed for the called any year ending with or within the year covered by this return.  3.3,311  2.6 Yes If fall seas to me in reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 as is greater than 250, you may be required to e-file (see instructions).  3.6 Did the organization have summarized bissuess greas income of \$1,000 or more during the year?  3.7 A area time during the calledar year of the regimens income \$1,000 or more during the year?  3.8 Ves.  3.9 Lyes.  3.9					
panning (gambling) winnings to prize winners?  2 files the time benefor employees reported on from W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 June 18 Least one is reported on line 2a, did the organization is ell recurred redered employment tax returns?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  30 Did any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in drengt never the same of the foreign country. ** **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **C1.51.FR**  See instructions for filing requirements for Finic R norm. 11-14, Report of Foreign Bank and Financial Accounts (FBAR)  11" **vs.** "Inter the name of the foreign country. **vs.** "International Country. **vs.** "International Country. **vs.** "International Country. **v					
Tas Statements, field for the caleadar year ending with or within the year covered 2a 3,311  b If a Least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of line 3 and 2 a is greater than 250, you may be required to e-line (see instruction)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If Year, and it filed a Form 99-01 for this year? If Who to line 2b, provide an explanation in Schedule 0.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority account? Count in a foreign country. Such as a binar account, securities account, or other financial accounts?  b If Year, and the manner of the foreign country. Such as a binar account, securities account, or other financial accounts?  b If Year, and the manner of the foreign country. Such as a binar account, securities account, or other financial accounts?  b If Year, and the manner of the foreign country. Such as a binar account, securities account, or other financial accounts of the organization has been accounted to the financial accounts of			1c	Yes	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fie (see instructions)  3a	2a	Tax Statements, filed for the calendar year ending with or within the year covered			
a Dut the organization also will be provided to the provided	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26	Vac	
b 11"Yes, "has it filled a Form 990-T for the year? If No 10 lone 30, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a filteriorial account in a foreign country (auch as a bank account, securities account, or other financial accounts (FBAR)  b 11"Yes," enter the name of the foreign country ▶CJ, EI, FR See instructions for filling requirements for fimic FF Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  b 10 day texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c 11"Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c 11"Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  c 11"Yes," do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions or gifts were not tax deductible as chantable contributions or gifts were not tax deductible as chantable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b) If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b) If "Yes," did the organization notify the done of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  c) If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Organization received an contribution of cars, boats, ariplanes, or other vehicles, did the organization file of form 1041?  b) If the organization pay the year, pay premiums, directly or indire		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
Section 501(c)   13   14   15   16   16   16   16   16   16   16	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
over, a financial account, in a foreign country (such as a bank account, securities account, or other financial accounts;  b if 'Yes,' enter the name of the foreign country, ▶CJ, El., FR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  So Was the organization a parry to a prohibited tax shelter transaction?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If 'Yes,' to line S or Sb, did the organization file Form 8886-T?  6 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 on the organization solicit any contributions that were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  8 Dif 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Dif the granization receive a payment in excess of \$75 make partly as a contribution and partly for goods and services provided to the payor?  9 Diff 'Yes,' indicate the number of Forms 8282 filed during the year.  9 Diff the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  10 Did the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a form 1098-0.  9 Did the sponsoring organizations maintaining door advised funds.  10 Did the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file form 1000 the sponsoring organizations file a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  50 Was the organization aparty to a prohibited tax shelter transaction of the Tyres, to line 5 aor 55, did the organization file form 8886-T?  50 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  51 If Yes, to line 5 aor 55, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  52 Organizations that may receive deductible contributions under section 170(c).  53 If Yes, and the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and sarvives provided to the payor?  53 If Yes, and the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and sarvives provided to the payor?  54 If Yes, and the organization notify the donor of the value of the goods or services provided?  55 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to like form \$282?  56 If Yes, indicate the number of Forms \$282 filed during the year.  57 If the organization, during the year, pay premiums, directly or indirectly, on personal benefit contract?  58 Sponsoring organization received a contribution of qualified intellicual property, due to organize and the organization file and form 1098-C?  59 Sponsoring organization make any taxable distributions under section 4966?  50 If the organization received a contribution of cars, boats, simplanes, or other vehicles, did the organization file and form 1098-C?  50 Section 501(C)(7) organizations. Enter  50 If the organization in the section of the sponsoring organization make any taxable distributions under section 4966?  50 Section 501(C)(7) organizations. Enter  51 In Intitation fees and capital contributions in	4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Yes	
(FBAR)  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b No Oses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable as charitable contributions?  5c Sc	ь	If "Yes," enter the name of the foreign country ▶CJ, EI, FR			
Sa No b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file form 8886-T? c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? lif "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 If "Yes," indicate the number of Forms 8282 filed during the year.  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization received a contribution of qualified intellectual property, did the organization file a form 1091-C?  13 Section 501(c) (7) organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  13 Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  14 Forms 1091-C?  15 Sponsoring organizations make any taxable distributions under section 4966?  15 Section 501(c)(7) organizations. Enter  16 Initiation fees and capital contributions included on Part VIII, line 12.  17 Gross income from members or shareholders  17 Gross inco					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line 5a or 5b, did the organization file form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization of the state of the sale of the goods or services provided?  To Did the organization notify the donor of the value of the goods or services provided?  To Did the organization notify the donor of the value of the goods or services provided?  To Did the organization notify the donor of the value of the goods or services provided?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization notify the expression of qualified intellectual property, did the organization file a Form 8899 as required?  To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8899 as required?  Section 501(c)(7) organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Section 501(c)(7) organizations. Enter  Intitation flees and ceptical contributions included on Part VIII, line 12  Section 501(c)	5a		5a		Νο
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services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.827.  d If "Yes," indicate the number of Forms \$2.82 filed during the year.  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b Did the sponsoring organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  facilities  1 Section 501(c)(1) organizations. Enter  a Gross income from members or shareholders  1 Section 601(c)(1) organizations. Enter  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 601(c)(2) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter th			_	,,	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	e		70		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	f				
required? 7g			<u> </u>		110
Form 1098-C?	9				
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		Form 1098-C?	7h		
b Did the sponsoring organization make any taxable distributions under section 4966?	8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time	R		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a	Did the sponsoring organization make any taxable distributions under section 4966?	<del>-</del>		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	10	Section 501(c)(7) organizations. Enter			
facilities  11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders	а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a Gross income from members or shareholders	b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11	Section 501(c)(12) organizations. Enter			
against amounts due or received from them)					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Ь				
year	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand	b				
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  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  c Enter the amount of reserves on hand	13				
In which the organization is licensed to issue qualified health plans		Is the organization licensed to issue qualified health plans in more than one state?	13a		
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No		in which the organization is needed to issue qualified neutrin plans			
		250	 		
		Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "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	or note to an	v line in this Part VI	_	_	_	_	_	_	_	_	_	_	_	_	Ī
Check ii Schedule o	contains a response	or note to an	y nine in this i are vi	•		•		•	•	•	•	•		•	•	-,

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ye Cod	e.) <b>No</b>
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA , MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►Ellen Rutan - Comptroller
  - 50 College St

  - South Hadley, MA 01075 (413) 538-2713

Form 990 (2014)	
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	(C) Desition (do not check e than one box, unless roon is both an officer d a director/trustee)  (D) Reportable compensation from the organization (W-					(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

lb	Sub-Total	۲			
c	Total from continuation sheets to Part VII, Section A	M			
d	Total (add lines 1b and 1c)	٠	3,015,455	0	519,634

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

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

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Cambridge Associates LLC 100 Summer Street Boston, MA 021102112	Investment Consulting	965,000
Cedar Rock Capital Partners LLC 11 Broadway Suite 965 NY, NY 10019	Investment Management	333,461
Silchester International Investors 780 Third Ave FI 42 NY, NY 10017	Investment Management	311,246
KPMG LLP 60 South Street Boston, MA 02111	Audit and Tax Consulting	302,875
Hill - Engineers Architects Planners Inc 50 Depot St Dalton, MA 01226	Architectural Design	206,802
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization ►16	who received more than	

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Form 99								Page <b>S</b>
Part V	/1111	Statement of Check of Sched	of Revenue ule O contains a respon	ase or note to any lir	ne in this Part VIII			
			<u></u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ω 2</u> 2	1a	Federated cam	paigns 1a	0				
ant	ь	Membership du	ues <b>1b</b>	0				
ي ق	c	Fundraising ev	ents <b>1c</b>	10,755				
ifts, ar A	d	Related organiz	zations 1d	0				
<u>1</u> 9.	e	Government grant	ts (contributions) <b>1e</b>	3,596,099				
ons Sir	٠,	All other contribute	ons, gifts, grants, and <b>1f</b>	23,209,927				
Contributions, Gifts, Grants and Other Similar Amounts		sımılar amounts no						
Contri and O	g	1a-1f \$		6,609,993	26 916 791			
<u>3 g</u>	h	Total. Add line	sla-lf		26,816,781			
J.L.e	2a	Tuition and Fees		Business Code 611310	94,148,470	94,148,470	0	(
еме	b	Room and Other B	Board	611310	12,661,770	12,661,770	0	r
e. He	c	Educational Perform	<del>-</del>	611310	17,052	17,052	0	(
er vit	d				,	,		
S S	e							
Program Serwoe Revenue	f	All other progra	am service revenue		0	0	0	(
Ě	g	Total. Add lines	s 2a-2f		106,827,292			
	3		come (including dividend		5,388,758	0	-310	5,389,068
	4		ar amounts) stment of tax-exempt bond ;		0	0	0	(
	5		<u> </u>		1,899	0	0	1,899
			(ı) Real	(II) Personal				
	6a	Gross rents	456,968 360,170	0				
	b	Less rental expenses	,	0				
	C	Rental income or (loss)	96,798	0				
	d	Net rental inco	me or (loss)		96,798	0	0	96,798
	7a	Gross amount from sales of assets other	(1) Securities 87,030,254	(II) O ther 11,175				
	b	than inventory Less cost or other basis and	57,212,010	0				
	c	sales expenses Gaın or (loss)	29,818,244	11,175				
	d	Net gain or (los	ss)		29,829,419	0	1,171,406	28,658,013
mue	8a	Ψ	luding ),755					
Other Revenue		of contributions See Part IV, lir	s reported on line 1c) ne 18 a	5,590				
‡			openses b	4,714				
0		Gross income f	(loss) from fundraising of from gaming activities ne 19	events 🛌	876		0	876
			a penses b					
		Gross sales of returns and allo		·				
			a loods sold b	14,119,224 3,038,128	11,081,096	11,021,240	59,856	(
	c	Miscellaneou	(loss) from sales of inve s Revenue	Business Code	11,001,096	11,021,240	39,030	
	11a	Educational Co		721000	981,011	808,608	172,403	(
	ь	Public Safety C		611310	2,532,282	2,532,282	0	(
	С							
	d	All other reven	L		4,613,913	4,570,413	43,500	C
	е	Total. Add lines	s 11a-11d	🕨	8,127,206			
	12	Total revenue.	See Instructions	►	188,170,125	125,759,835	1,446,855	34,146,654

# Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b,		(B)	l (c) l	/B3
	b, 9b, and 10b of Part VIII.	( <b>A)</b> Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	286,207	286,207		
2	Grants and other assistance to domestic individuals See Part IV, line 22	37,976,220	37,976,220		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	12,215,867	12,215,867		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,530,221	878,594	1,208,125	443,502
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	59,940,433	53,236,512	3,908,549	2,795,372
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	5,717,363	5,078,162	372,772	266,429
9	Other employee benefits	8,648,283	7,681,405	563,868	403,010
10	Payroll taxes	4,415,767	3,922,084	287,908	205,775
11	Fees for services (non-employees)				
а	Management	247,218	156,191	59,809	31,218
b	Legal	241,386	15,760	221,111	4,515
c	Accounting	200,450	1,250	199,200	(
d	Lobbying	0	0	0	(
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7,609,510		7,609,510	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,127,209	4,214,270	818,608	94,331
12	Advertising and promotion	95,792	52,675	35,367	7,750
13	Office expenses	4,649,386	4,003,832	352,730	292,824
14	Information technology	1,002,698	484,467	514,117	4,114
15	Royalties	19,937	19,908	29	C
16	Occupancy	4,550,680	4,356,535	83,389	110,756
17	Travel	1,806,694	1,409,958	131,304	265,432
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	C
19	Conferences, conventions, and meetings	254,923	208,528	30,638	15,757
20	Interest	5,397,504	5,209,666	72,663	115,175
21	Payments to affiliates	510,612	299,620	148,194	62,798
22	Depreciation, depletion, and amortization	11,047,912	10,685,862	140,116	221,934
23 24	Insurance	2,900,587	2,283,613	607,882	9,092
a	Allocated Expenses	0	268,141	-268,141	0
b	Public Safety Collaborative Expenses	2,409,950	2,409,950	0	0
c	Alumnae Association Support	2,112,978	0	0	2,112,978
d	• • • • • • • • • • • • • • • • • • • •	, , -			, , ,
e	All other expenses	6,326,846	5,622,746	539,579	164,521
25	Total functional expenses. Add lines 1 through 24e	188,242,633	162,978,023	17,637,327	7,627,283
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1   Cash-non-interest-bearing   Beginning of year   End of year	Par	LA	Check if Schedule O contains a response or note to any line i	n this Par	tX			
2   Savings and temporary cash investments						(A)		(B)
3   Pledges and grants receivable, net   20,008,005   3   17,538,205		1	Cash-non-interest-bearing		•		1	
4		2	Savings and temporary cash investments			43,258,140	2	26,828,355
Solution   Solution		3	Pledges and grants receivable, net			20,088,005	3	17,536,235
## Part I of Schedule L		4	Accounts receivable, net		•	2,886,377	4	2,149,439
## 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and approximations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5	employees, and highest compensated employees Complete	Part II of			5	
9 Prepaid expenses and deferred charges	sts	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary	iting employers		6		
Prepaid expenses and deferred charges   2,891,071   9   2,711,581	88. 88.	7	Notes and loans receivable, net			343,231		339,382
100	⋖							<u> </u>
10a   Land, buildings, and equipment cost or other basis   Complete Part VI of Schedule D   10b   207.295,014   176.895,907   10c   171.775,376   11   Investments—publicly traded secunties   112   Investments—publicly traded secunties   112   Investments—other securities See Part IV, line 11   1598.4,673   13   18.534,871   14   Intangible assets   14   15   10.208,884   14   17.708,376   15   15   10.208,884   16   16   Total assets See Part IV, line 11   9.264,714   15   10.208,884   16   Total assets See Part IV, line 11   9.264,714   15   10.208,884   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   Grants payable and accrued expenses   9.134,973   17   9.529,482   18   9.06,470,482   19   0.06,470,482   19		_				, , , , , , , , , , , , , , , , , , ,	9	<u> </u>
1		10a	Land, buildings, and equipment cost or other basis			· ·	_	
12   Investments—other securities See Part IV, line 11   559,824,165   12   602,403,899   13   Investments—program-related See Part IV, line 11   18,723,370   13   18,534,871   14   Intrangible assets   14   14   Intrangible assets   14   15   Other assets See Part IV, line 11   9,264,714   15   10,208,864   16   Total assets. Add lines 1 through 15 (must equal line 34)   977,370,169   16   963,616,485   17   9,529,482   18   Grants payable and accrued expenses   9,134,975   17   9,529,482   19   Deferred revenue   1,900,927   19   1,594,168   19   Deferred revenue   1,900,927   19   1,594,168   108,157,169   20   105,113,448   108,157,169   20   10		ь	·	10b	207,295,014	176,895,907	10c	171,775,376
13		11	Investments—publicly traded securities			142,451,084	11	110,354,873
14		12	Investments—other securities See Part IV, line 11		559,824,165	12	602,403,899	
15		13	Investments—program-related See Part IV, line 11			18,723,370	13	18,534,871
15		14	Intangible assets				14	
16   Total assets. Add lines 1 through 15 (must equal line 34)   977,370,169   16   963,616,485     17		15				9,264,714	15	10,208,864
17		16				977,370,169	16	963,616,485
18   Grants payable       0   18     0   18     0   19   0   15   15   15   15   15   16   16   16		17				9,134,975	17	9,529,482
19 Deferred revenue		18	Grants payable			0	18	0
20 Tax-exempt bond liabilities		19				1,900,927	19	1,594,168
21 Escrow or custodial account liability Complete Part IV of Schedule D		20				108,157,169	20	105,113,448
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21					21	
24 Unsecured notes and loans payable to unrelated third parties	<u>.av</u>	22	Loans and other payables to current and former officers, direc					
24 Unsecured notes and loans payable to unrelated third parties	æ		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third part	ies .			23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	· .			24	
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete F	art X of S	chedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets								
lines 27 through 29, and lines 33 and 34.   27   126,030,850   28   Temporarily restricted net assets		26				168,899,829	26	1/0,856,764
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ces			√ and c	complete			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ลม	27	Unrestricted net assets			131,760,341	27	126,030,850
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ල ස	28	Temporarily restricted net assets			401,739,487	28	387,339,661
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	됟	29	Permanently restricted net assets			274,970,512	29	279,389,210
30 Capital stock or trust principal, or current funds				here ► 「	and			
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	Š	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances	AS	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances			808,470,340	33	792,759,721
	Z	34	Total liabilities and net assets/fund balances			977,370,169	34	963,616,485

Par	rt XI Reconcilliation of Net Assets				-9
	Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		188,1	.70,125
2	Total expenses (must equal Part IX, column (A), line 25)	2		188,2	242,633
3	Revenue less expenses Subtract line 2 from line 1	3			-72,508
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		808,4	170,340
5	Net unrealized gains (losses) on investments	5		-11,4	129,349
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,2	208,762
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		792,7	759,721
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rea separate basis, consolidated basis, or both	viewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both	eparate			
	Separate basis  Consolidated basis  Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for overaudit, review, or compilation of its financial statements and selection of an independent accountant?	sight of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, expla Schedule O	in in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo t required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b	Yes	

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**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)	(B)	itracto 		(C)				(D)	(E)	(F)	
Name and Title	A verage hours per week (list any hours for related	Posit more the perso and a	ion (e nan o n is b	do no ne b ooth ctor,	ox, u an of /trus	inless fficer tee)		Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1033-11130/	related organizations	
(1) Mary Graham Davis	8	V							•		
Chair, Board of Trustees	0 1	Х						0	0	0	
(1) Jeanne E Amster	4	X						0	0	0	
Trustee	0 1							Ů			
(2) Susan Bateson	2	×						0	0	0	
Trustee (2) App Blake	0 10						_				
(3) Ann Blake	2	×						0	0	0	
Alumna Trustee  (4) Catherine Burke	0 1										
		×						0	0	0	
Alumna Trustee (5) Barbara Moakler Byrne	0 1										
		×						0	0	0	
Trustee (6) Debra Martin Chase	0 10										
Trustee	0 1	×						0	0	0	
(7) Katherine E Collins	2										
Trustee	0 1	X						0	0	0	
(8) Ellen M Cosgrove	2	,									
Trustee	0 1	Х						0	0	0	
(9) Sarah Miller Coulson	2	X						0	0	0	
Trustee	0 1							Ů	0	<u> </u>	
(10) Helen Gannon Drınan	2	l x						0	0	0	
Trustee	0 1										
(11) Carrianna Field	2	×						0	0	0	
Alumna Trustee (12) Ellen J Flannery	0 1										
		×						0	0	0	
Trustee (13) Elizabeth Onyemelukwe Garner	0 20										
Alumna Trustee	0 1	×						0	0	0	
(14) Suzanne A George	2										
Alumna Trustee	2 10	×						0	0	0	
(15) Elizabeth Cochary Gross	2	<u> </u>								_	
Trustee	0 1	X						0	0	0	
(16) Heather Harde	2	х						0	0	0	
Trustee	0 1							Ů		<u> </u>	
(17) Karen Hendricks	2	l x						0	0	0	
Alumna Trustee	2 10										
(18) Marcia Kropf	2	×						0	0	0	
Alumna Trustee	35 1										
(19) Mindy McWilliams Lewis	4	×						0	0	0	
Trustee (20) Chau Ly	0 1										
		×						0	0	0	
Trustee (21) Guy R Martin	0 1		$\vdash$				$\vdash$				
Trustee	0 1	×						0	0	0	
(22) Natasha Mohanty	2										
Trustee	0 1	Х						0	0	0	
(23) Richard E Neal	2							_	_		
Trustee	0 1	Х	L	L			L	0	0	0	
(24) Ellen Hyde Pace	2	x						0	0	0	
Trustee	0 1	<u> </u>						<u> </u>		<u> </u>	

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unles person is both an office and a director/trustee)		ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2,2033 112007	2,1033 112007	related organizations		
(26) Elizabeth A Palmer	6	x						0	0	0		
Trustee	0 1							Ů	, and the second			
(1) Karena Strella	4	×						0	0	0		
Trustee (2) Kaıtlyn Szydlowskı	0 1											
Trustee	0 1	х						0	0	0		
(3) Marija Tesla	2											
Trustee	0 1	X						0	0	0		
(4) Louise Wasso	2								_	0		
Trustee	0 1	Х						0	0	0		
(5) Sherrie Westin	2	x						0	0	0		
Trustee	0 10							Ů	, in the second			
(6) David Wilson	2	×						0	0	0		
Trustee (7) Margaret L Wolff	0 1											
		×						0	0	0		
Vice Chair, Board of Trustees (8) Sarah Xefos	0 1											
Trustee	0 1	×						0	0	0		
(9) Lynn Pasquerella	40	,,		,,				450 404		25.440		
President	1 0	Х		Х				459,184	0	35,440		
(10) Sonya Stephens	40			x				235,735	0	44,409		
VP for Academic Affairs & Dean of Faculty	0 40							,		, 		
(11) Shannon D Gurek				х				228,574	0	34,316		
VP for Finance & Administration & Treasurer (12) MaryAnne Young	1 0											
Vice President for Advancement	0			Х				206,040	0	53,993		
(13) Diane Anci	40 0											
VP for Enrollment & Dean of Admission	0			Х				196,024	0	38,250		
(14) Christine Hutchins	40			х				192,628	0	35,585		
VP for Marketing & Communications	0							132,020	, and the second			
(15) Cerri Banks	40			х				187,561	0	45,411		
VP for Student Affairs & Dean of the College (16) Lenore Reilly	40									_		
Secretary of the College	1 0			Х				135,083	0	20,925		
(17) Julie Tyson	40											
Interim Vice President for Advancement	0			Х				133,840	0	35,451		
(18) Gail Berson	40			Х				0	0	0		
Interim VP for Enrollment & Dean of Admission	0							Ů.	Ů	0		
(19) Eva Paus	40					×		165,904	0	35,696		
Professor of Economics & Dir of Ctr for Global Initiatives	0 40							· ·		·		
(20) Vincent Ferraro						×		156,706	0	25,647		
Professor of Politics (21) Charles Ramsay	40											
Director Principal Gifts and International Advancement	0					х		152,162	0	33,307		
(22) Melinda Darby Dyar	40											
Professor & Chair of Astronomy	0			L		Х	L	150,687	0	12,345		
(23) John Stomberg	40					х		144,424	0	15,579		
Director of Art Museum	0							144,424		13,379		
(24) Christopher Benfey	40						x	148,017	0	33,131		
Former VP for Academic Affairs & Dean of Faculty	0	<u> </u>						<u> </u>		<u> </u>		

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

compensated Employees, and independent confidences											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pore solo Pore an individual trustee or director	ion ( nan o n is b	ne b	ox, u an of /trus	inless ficer tee) Io⊤	Forme	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(51) Sarah Sutherland Former Secretary of the College	40						х	122,886	0	20,149	

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As Filed Data -

DLN: 93493134044326

OMB No 1545-0047

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE						Employer identification number							
THE	RUSTE	ES OF MOUNT HOLYOKE COL	LEGE				04-2103578						
Pa	rt I	Reason for Publi	ic Charity S	<b>itatus</b> (All organiza	tions must co	mplete this p		ns.					
		zation is not a private f											
1	Ē	A church, convention		•	= :	•	•						
2	<u></u>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )											
3	Ē	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Ė	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 An organization operated by a governmental unit described in											
5	ı				versity owned o	or operated by a	i governmental unit d	escribed in					
_	_	section 170(b)(1)(A)											
6	<u> </u>	A federal, state, or loc											
7	_	An organization that n described in <b>section 1</b>	70(b)(1)(A)(v	<b>/i).</b> (Complete Part II	)	_	ntal unit or from the o	general public					
8	Г	A community trust de	scribed in <b>sect</b>	ion 170(b)(1)(A)(vi)	(Complete Par	tII)							
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	l/3% of its supp	ort from contrib	outions, membership	fees, and gross					
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	nd (2) no more than 3	331/3% of					
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less :	section 511 tax) from	n businesses					
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	. (Complete Par	tIII)						
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See <b>section</b>	509(a)(4).						
11	Γ	An organization organ											
		one or more publicly s											
а	$\vdash$	the box in lines 11a th <b>Type I.</b> A supporting of											
u	'	supported organizatio											
		organization You mus				- <b>,</b>		J					
b	Γ	<b>Type II.</b> A supporting	_	•			=						
		management of the su			same persons t	hat control or n	nanage the supported	organization(s) <b>You</b>					
_	$\vdash$	must complete Part I' Type III functionally			n operated in c	onnection with	and functionally inte	grated with its					
•	,	supported organizatio						gracea with, its					
d	$\sqcap$	Type III non-function						janization(s) that is					
		not functionally integr					ement and an attentiv	eness requirement					
e	_	(see instructions) <b>Yo</b> Check this box if the o					a Typo I Typo II T	vno III functionally					
-	'	integrated, or Type II					s a rype 1, rype 11, r	ype III functionally					
f		Enter the number of s											
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of					
		organızatıon		organization	listed in your	governing	monetary support	other support (see					
l ' '					docume	ent?	(see instructions)	ınstructions)					
				1-9 above or IRC section (see									
				instructions))									
					Yes	No							
Tota	ı		1			l l		I					

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 23,250,197 25,438,887 32,261,711 31,201,331 26,816,781 138,968,907 not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either 0 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 0 to the organization without charge 23,250,197 25,438,887 32,261,711 31,201,331 26,816,781 138,968,907 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,831,403 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 136,137,504 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2012 (d) 2013 (e) 2014 (a) 2010 **(b)** 2011 (f) Total beginning in) 🟲 23,250,197 25,438,887 32,261,711 31,201,331 26,816,781 Amounts from line 4 138,968,907 Gross income from interest, dividends, payments received on securities loans, rents, royalties 7,972,892 17,972,845 16,491,701 18,678,782 5,847,935 66,964,155 and income from similar sources Net income from unrelated business activities, whether or 2,105,778 0 0 42,198 2,147,976 not the business is regularly carried on 10 1 13 14 1! 10

	cullion on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	13,705,939	14,361,829	14,414,990	13,585,210	14	l,119,224	70,187,192
11	<b>Total support</b> Add lines 7 through 10							278,268,230
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12		567,773,428
13 Se	First five years. If the Form 990 in organization, check this box and section C. Computation of Pu	stop here	<u> </u>					
14	Public support percentage for 201			e 11, column (f))		14		48 923 %
15	Public support percentage for 201	l 3 Schedule A, Pa	art II, line 14			15		47 27 %
17a	and stop here. The organization qualifies as a publicly supported organization  33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A , Part II , Line 10	Other Income includes gross sales of inventory

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134044326

# OMB No 1545-0047

Open to Public Inspection

## **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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III						
	ame of the organization IE TRUSTEES OF MOUNT HOLYOKE COLLI			Employer ide	ntification number			
	L INSTITES OF HOOM HOLTONE COLL			04-210357	3			
Pai	rt I-A Complete if the or	ganization is exempt unde	er section 501(	c) or is a section 52	7 organization.			
1	Provide a description of the org	ganızatıon's dırect and ındırect po	lıtıcal campaıgn act	ıvıtıes ın Part IV				
2	Political expenditures			▶	\$			
3	Volunteer hours							
Da	t Inc. Complete if the or	ganization is exempt unde	er section 501/	-)/3)				
1	<u> </u>	e tax incurred by the organization						
2	•	e tax incurred by organization mar			₽			
3		ection 4955 tax, did it file Form 4		. 1333	↑ — Yes			
4a	Was a correction made?	rection 1999 tax, and it me form	720 for till year		Γ Yes Γ No			
b	If "Yes," describe in Part IV				, 100 , 110			
		ganization is exempt unde	er section 501(	c), except section 5	01(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$			
2	Enter the amount of the filing o	organization's funds contributed to	other organizations	for section 527				
	exempt function activities			▶	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b	\$			
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No			
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
P	cart II-A Complete if the organization under section 501(h)).	is exempt under	section 501(	c)(3) and fi	led Form 5768	
	Check ► If the filing organization belongs to a		list in Part IV ea	ich affiliated gro	oup member's nam	e, address, EIN,
В	expenses, and share of excess lobb		ol" provisions apr	olv		
	Limits on Lobbying E (The term "expenditures" means an	Expenditures		,	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	obying)			
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount to	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of th	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er -0-				
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 rep	oorting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not uctions for li	have to connes 2a thro	ugh 2f.)	he five
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					

			rganization is exempt under section 501(c)(3) and has lelection under section 501(h)).	NOT			га	ge s
_	1 11) ( 11			(a	1)		(b)	
For e activ		esponse to lines la throu	gh 11 below, provide in Part IV a detailed description of the lobbying	Yes	No	Α	mount	:
1		n, including any attemp	panization attempt to influence foreign, national, state or local to influence public opinion on a legislative matter or referendum,					
а	Voluntee			I	Νo			
b	Paid staf	or management (includ	de compensation in expenses reported on lines 1c through 1i)?		Νo			
c	Media ad	vertisements?			Νo			
d	Mailings	to members, legislators	or the public?		Νo			
е	Publication	ons, or published or bro	adcast statements?		Νo			
f	Grants to	other organizations for	lobbying purposes?		Νo			
g			heir staffs, government officials, or a legislative body?		No			
h			rs, conventions, speeches, lectures, or any similar means?		Νo			
i	Otheract			Yes				,000
j		d lines 1c through 1i					5	,000
2a			the organization to be not described in section 501(c)(3)?		No			
	-	·	tax incurred under section 4912					
			tax incurred by organization managers under section 4912					
			a section 4912 tax, did it file Form 4720 for this year?	<u>_</u>	\/F\ -		-#: - ··	
Par	t III-A	501(c)(6).	rganization is exempt under section 501(c)(4), section	501(c)	)(5), c	r se	CTION	
		501(0)(0).				Т	Yes	No
1	Were sub	stantıally all (90% or m	nore) dues received nondeductible by members?		Г	1		
2	Did the o	rganızatıon make only ır	n-house lobbying expenditures of \$2,000 or less?			2		
3	Did the o	rganızatıon agree to car	ry over lobbying and political expenditures from the prior year?			3		
Par	t III-B		rganization is exempt under section 501(c)(4), section beither (a) BOTH Part III-A, lines 1 and 2, are answered "					
		line 3, is answere						
1	· ·		amounts from members	1				
2		62(e) nondeductible lo for which the section 5	bbying and political expenditures (do not include amounts of political 527(f) tax was paid).					
_	Current y			2a				
Ь	•	r from last year		2b				
	Total		CO22/2/4/4/4/4/20 as he as a formula destable as about 4.52/2/4/4/20	2c				
3		•	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the		ount on line 2c exceeds the amount on line 3, what portion of the excess arryover to the reasonable estimate of nondeductible lobbying and	4				
5			political expenditures (see instructions)	5				
Pa	art IV	Supplemental Inf	ormation					
			Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground II) Part II-A (affiliated ground III) Part III-A (affiliated ground III) Part II-A (affil	up list),	Part II	-A , lır	nes 1	and
	Retu	ırn Reference	Explanation					
Sche	edule C, Pa	rt II-B, Line 1	The College pays membership dues to organizations that address state for the collective benefit of member institutions. The organizations notif approximate amount of membership dues used for lobbying expense.		_		ry Issi	ues

ruge I							
Part IV Supplemental Information (continued)							
Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493134044326

OMB No 1545-0047

#### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** THE TRUSTEES OF MOUNT HOLYOKE COLLEGE 04-2103578 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 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)  $\Gamma$  Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, I	Histor	ical T	reası	ures, or Ot	the	r Similar As	sets (	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records	, check	any of	the fol	lowing that a	re a	significant use	ofits	
а	Public exhibition		d √	Loan	orexo	hange progra	ams			
b	Scholarly research		е Г	Othe	r					
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ey furth	er the	organızatıon'	's ex	empt purpose	ın	
5	During the year, did the organization solicit								<b>-</b>	<u> </u>
Dar	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								Yes	✓ No
Pai	Part IV, line 9, or reported an an					ii aliswelet	1 1	es to roillis	,90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ıan or other ıntermedı	ary for	contribi	utions	or other asse	ets r	not	┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table						
								An	nount	
С	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					<u> </u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for (	escrow	orcust	odial accoun	nt lia	bility?	│ Yes	□ No
ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete									
1.	Beginning of year balance	(a)Current year 713,514,514	( <b>b)</b> Prior	year 3,551,662		wo years back 594,045,152	(d)1	hree years back 617,284,353		years back 535,887,570
1a b	Contributions	6,994,177		,389,782		11,856,126		9,947,368		5,912,096
C	Net investment earnings, gains, and losses	0,334,177		,,505,702		11,030,120		3,347,300		3,712,030
·		23,644,106		,887,988		72,624,207		5,518,243		111,891,009
d	Grants or scholarships	11,486,690	10	,435,055		8,448,417		7,840,042		7,566,269
е	Other expenditures for facilities and programs	21,890,807		,937,619		22,588,075		19,056,521		18,730,941
f	Administrative expenses	7,764,328		,942,244		8,937,331		11,808,249		10,109,112
g	End of year balance	703,010,972		3,514,514		638,551,662		594,045,152		617,284,353
2	Provide the estimated percentage of the cur	•	(line 1	g, colum	nn (a))	held as				
а	Board designated or quasi-endowment 🕨	15 %								
b	Permanent endowment ► 37 %									
C	Temporarily restricted endowment ► 4 The percentages in lines 2a, 2b, and 2c sho	8 % uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organizati	on that	are hel	danda	admınıstered	for	the		
	organization by							200	Yes	
	(i) unrelated organizations				•		•	3a(		No
ь	If "Yes" to 3a(II), are the related organization		n Sche	· · · edule R?			٠			1
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·								
Par	t VI Land, Buildings, and Equipme		e orga	nızatıo	n ans	wered 'Yes'	to	Form 990, Pa	art IV,	line
	11a. See Form 990, Part X, line	10.		<b>\</b> C <b>t</b>		(I-) Cook on all	1	(-) A	1 (4) 5	No 1 1
	Description of property			n) Cost or sis (invest		(b)Cost or oth basis (other		(c) Accumulated depreciation	(a) E	Book value
1a	Land				0	26,937,	443			26,937,443
b	Buildings				0	153,218,	446	59,821,31	7	93,397,129
С	Leasehold improvements				0	85,189,	440	47,684,53	5	37,504,905
d	Equipment		. [		0	61,062,	676	54,981,91	1	6,080,762
					0	52,662,	385	44,807,24	3	7,855,137
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X,	column	(B), line	10(c).	)		•	:	171,775,376
								Schedule [	(Form	990) 2014

	lete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category  (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) Fixed Income Mututal/Comingled Funds	10,801,550	F
(B) Equity Mutual/Comingled Funds	206,052,510	F
(C) Hedge Funds	201,240,866	F
(D) Inflation Hedging	69,491,823	F
(E) Debt Related	15,622,076	F
(F) Venture Capital	96,019,277	F
(G) O ther	3,175,797	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Com	602,403,899	
See Form 990, Part X, line 13.	ipiete ii tile organization	
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. Complete if the organization a  (a) Descript		, Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		
<b>Part X Other Liabilities.</b> Complete if the organic Form 990, Part X, line 25.	zation answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
Interest Rate Swap Liability	14,004,249	
FAS 158 Pension Liability	4,878,595	
FIN 47 Conditional Asset Retirement Obligation	10,245,298	
457(b) Pension Liability  Refundable Government Advances	568,270 4,661,750	
Split Interest Obligation	20,261,504	
-	, , ,	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	54,619,666	

ciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if anization answered 'Yes' to Form 990, Part IV, line 12a.
gains, and other support per audited financial statements
ded on line 1 but not on Form 990, Part VIII, line 12
gains (losses) on investments   2a   -11,429,349
es and use of facilities
prior year grants
e in Part XIII)
rough <b>2d</b>
e from line 1
ded on Form 990, Part VIII, line 12, but not on line 1
penses not included on Form 990, Part VIII, line 7b . 4a 0
e in Part XIII)
nd <b>4b</b>
Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12) <b>5</b> 188,170,125
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  I and losses per audited financial statements
iliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.  I and losses per audited financial statements
Siliation of Expenses per Audited Financial Statements With Expenses per ganization answered 'Yes' to Form 990, Part IV, line 12a.         Stand losses per audited financial statements
Siliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.         Stand losses per audited financial statements       1       187,401,424         Sees and use of facilities       2a       0         Statements       2b       0         Statements       2c       0         Statements       2d       6,923,119         From Inne 1       2c       0         Statements       2d       6,923,119         Statements       2d       6,923,119         Statements       3       180,478,305         Statements       3       180,478,305         Statements       3       180,478,305
Ciliation of Expenses per Audited Financial Statements With Expenses per ganization answered 'Yes' to Form 990, Part IV, line 12a.         Stand losses per audited financial statements       1       187,401,424         Stand losses per audited financial statements       2a       0         Stees and use of facilities       2a       0         Statements       2b       0         Statements       2c       0
Ciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete ganization answered 'Yes' to Form 990, Part IV, line 12a.         Stand losses per audited financial statements

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Schedule D, Part III, Line 4	The College maintains more than 17,000 works of art from antiquity to the present that comprise the permanent collection of the Mount Holyoke College Art Museum. This culturally and chronologically diverse collection is an important teaching and learning resource for faculty and students in all disciplines, and serves as a major cultural resource for area schools and the general public. Dedicated to providing firsthand experiences with works of significant aesthetic and cultural value, the Museum develops exhibitions that aim to provide aesthetic enjoyment, stimulate inquisitive looking and encourage understanding of artistic achievements across a diversity of cultures and time periods. Selected works of art are installed in the Art Museum's ten galleries and reception hall on a rotating basis and the Museum produces two to four special exhibitions each year in addition to its display of works from the permanent collection. The Museum integrates its collections, exhibitions and scholarly research with the curriculum of the College and the interests of the general public.
Schedule D, Part V, Line 4	Mount Holyoke's endowment consists of approximately 1,618 individual funds established for a variety of purposes, including both donor restricted endowment funds and funds designated by the College to function as endowments. About 28% 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 26% of the College's annual operating budget revenues.
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 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 for the year ended June 30, 2015.
Schedule D, Part XI, Line 2d	Other includes Willits Hallowell Center revenue of 1,851,051, change in value of split interest agreements of -3,216,446, change in value of interest rate swaps of 700,560, and endowment expenses of -7,764,328
Schedule D, Part XI, Line 4b	Other includes cost of goods sold of -3,038,128, fundraising event expenses of -4,714, and faculty housing expenses of -339,413
Schedule D, Part XII, Line 2d	Other includes Willits Hallowell Center expenses of 1,895,290, change in FAS 158 pension benefit obligation of 1,645,574 cost of goods sold of 3,038,128, fundraising event expenses of 4,714, and faculty housing expenses of 339,413

Jenedale 2 (1 31111 33 3) 23 13		1 age 5				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
l						
-						

Schedule D (Form 990) 2014

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DLN: 93493134044326

OMB No 1545-0047

**SCHEDULE E** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Nam	e of the organization RUSTEES OF MOUNT HOLYOKE COLLEGE	Employer identification	n nun	nber	
INCI		04-2103578			
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student ad				
_	programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please details that makes the policy known to all parts of the general community it serves?	gram, in a way			
	please explain If you need more space use Part II	Jerise II No,	3	Yes	
4	Does the organization maintain the following?				
ā	Records indicating the racial composition of the student body, faculty, and administrative staff?	Ļ	4a	Yes	
ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
Ċ	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	ublic dealing	4c	Yes	
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	Does the organization discriminate by race in any way with respect to				
a	Students' rights or privileges?	L	5a		No
ł	Admissions policies?	-	5b		Νo
C	Employment of faculty or administrative staff?	-	5c		Νo
C	Scholarships or other financial assistance?	_	5d		Νo
•	e Educational policies?	-	5e		Νo
f	Use of facilities?	-	5f		Νo
ç	Athletic programs?	-	5g		Νo
ł	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	L	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
t	has the organization's right to such aid ever been revoked or suspended?	<u> </u>	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4	_			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Pa	rt II	- I	l v	i

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

Return Reference	Explanation
Schedule E, Part I, Line 3	The College follows a nondiscriminatory policy toward students, faculty and staff, and with regard to students, includes this policy in most brochures and catalogues pertaining to student admissions, programs and scholarships. Mount Holyoke College has approximately 2,200 students who hail from 47 states and 73 countries. The College demonstrates its commitment to diversity by enrolling students of minority groups in meaningful numbers. The racially diverse student body consists of approximately 25% who are international citizens. Out of domestic students, 27% identify as African American, Native American, Asian American, Latina or multiracial.
Schedule E, Part I, Line 6	The College receives federal grants for faculty research and student scholarships

Schedule E (Form 990 or 990-EZ) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134044326

OMB No 1545-0047

SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

| 2014

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.qov/form990.

Open to Public Inspection

IHEI	RUSTEES OF MOUNT HOLYOK	E COLLEGE			04-2103578	
Par	<b>General Information</b> "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	zation answered
	For grantmakers. Does the of and other assistance, the graused to award the grants or a	the selection criteria	✓ Yes			
	<b>For grantmakers.</b> Describe in assistance outside the United		ganızatıon's pı	rocedures for monitori	ng the use of its gran	ts and other
3	Activites per Region (The follow	ing Part I, line 3	table can be du	uplicated if additional spa	ace is needed )	
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
(1)	See Add'l Data					
( 2)						
(3)						
(4)						
(5)						
Ь	Sub-total Total from continuation sheets to Part I <b>Totals</b> (add lines 3a and 3b)	1	1			201,495,862

Schedule F (Form 990) 2014

Pē				izations or Entitle ived more than \$5,0		•			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ed above that are re or counsel has pro					
3	Enter total nun	nber of other or	ganizations or ent	ities					

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.

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Financial Assistance	Central America and the Caribbean	6	·	Account Credit			
( 2) Financial Assistance	Europe (including Iceland and Greenland)	29		Account Credit			
(3) Financial Assistance	East Asia and the Pacific	158		Account Credit			
(4) Financial Assistance	Mıddle East and North Afrıca	16	604,642	Account Credit			
(5) Financial Assistance	North America (including Canada and Mexico, but not the United States)	10		Account Credit			
(6) Financial Assistance	Russia and the newly independent States	9		Account Credit			
(7) Financial Assistance	South America	1	12,601	Account Credit			
(8) Financial Assistance	South Asia	122	4,138,565	Account Credit			
(9) Financial Assistance	Sub-Saharan Afrıca	52	1,872,552	Account Credit		1	
(10)	1					 	
(11)	1						
( 12)	1						
( 13)	1		-			1	
( 14)	1		-				
( 15)	1						
( 16)	1						
( 17)	†					 I	
( 18)	+					 I	

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	r	Yes	Г	Νo
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<b>∀</b>	Νo
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)	Г	Yes	্য	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u>~</u>	Yes	Γ	Νo
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)	I✓	Yes	Γ	Νo
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; do not file with Form 990)	<b>√</b>	Yes	Г	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2	All financial aid grants and scholarships to students who are foreign citizens are recorde d 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 mee 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 or other factors. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures. The financial aid grant information is transferred from PowerFAIDS to the student information system, Ellucian Colleague, via a regularly scheduled interface. When all institutional grant disbursement requirements are met, the funds are disbursed to the student account in Colleague. The funds are credited against any billed charges that have been previously posted. If this transaction results in a credit balance, the credit may be refunded to the student in the form of a check. The student initiates this refund process by submitting a completed Disbursement Form or Credit Balance Request Form. Studen teligibility is monitored throughout the period of enrollment and adjustments are made, a sincessary, for changes in enrollment status according to the College's published refund policies.

#### **Additional Data**

**Software ID:** 14000267

**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)		(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Grant Aıd	268,206
Central America and the Caribbean	0	0	Program Services	Study Abroad	27,670
Central America and the Caribbean	0	0	Program Services	Research	10,385

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ties Outside T</u>	he 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	Investments		164,110,805
East Asia and the Pacific	0	0	Program Services	Grant Aıd	3,793,761
East Asia and the Pacific	0	0	Program Services	Study Abroad	69,371

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				
East Asia and the Pacific	0	0	Program Services	Research	37,131				
East Asia and the Pacific	0	0	Program Services	Recruitment	19,220				
East Asia and the Pacific	0	0	Fundraising	Alumnae Meetings	32,448				

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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				
Europe (including Iceland and Greenland)	0	0	Program Services	Grant Aıd	966,216				
Europe (including Iceland and Greenland)	1	1	Program Services	Study Abroad	338,701				
Europe (including Iceland and Greenland)	0	0	Program Services	Research	112,328				

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				
Europe (including Iceland and Greenland)	0	0	Program Services	Recruitment	5,836				
Europe (including Iceland and Greenland)	0	0	Fundraising	Alumnae Meetings	45,421				
Europe (including Iceland and Greenland)	0	0	Investments		24,375,109				

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				
Middle East and North Africa	0	0	Program Services	Grant Aıd	604,642				
Middle East and North Africa	0	0	Program Services	Research	4,816				
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Grant Aıd	278,916				

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				
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Research	35,076				
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	Recruitment	10,155				
North America (including Canada and Mexico, but not the United States)	0	0	Fundraising	Alumnae Meetings	5,305				

Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside T</u>	ne 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
Russia and the newly independent States	0	0	Program Services	Grant Aıd	280,409
Russia and the newly independent States	0	0	Program Services	Research	4,173
South America	0	0	Program Services	Grant Aıd	12,601

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	<u>he United States</u>		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Research	7,376
South Asia	0	0	Program Services	Grant Aıd	4,138,565
South Asia	0	0	Program Services	Research	6,322

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ties Outside T</u>	he 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
South Asia	0	0	Program Services	Recruitment	4,370
South Asia	0	0	Fundraising	Alumnae Meetings	10,012
Sub-Saharan Africa	0	0	Program Services	Grant Aıd	1,872,552

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Form 990 Schedule F I	<u> Part I - Activit</u>	<u>ies Outside Tl</u>	he 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
Sub-Saharan Africa	0	0	Program Services	Research	7,964

DLN: 93493134044326

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

ame of the organization HE TRUSTEES OF MOUNT HOLY	VOKE COLLEGE					cilipioyer iden	itirication number
TE TROSTEES OF MOONT HOE	TORE COLLEGE					04-2103578	
art I Fundraising Activity filers are not required			janizatio	n answered "Yes" to	Form 9	990, Part IV,	line 17. Form 990-EZ
Indicate whether the organiza	ation raised funds t	hrough ar	ny of the f	ollowing activities Che	eck all th	at apply	
a Mail solicitations			е	Solicitation of non	n-governi	ment grants	
<b>b</b> $\Gamma$ Internet and email solicit	tations		f	Solicitation of gov	ernment	grants	
<b>c</b> Phone solicitations			g	Special fundraisin	g events		
d							
<b>a</b> Did the organization have a w or key employees listed in Fo							Γ Yes Γ No
b If "Yes," list the ten highest   to be compensated at least \$			fundraisei	rs) pursuant to agreem	ents und	er which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
_							
2							
3							
4							
5							
6							
7							
8							
9							
0							
otal			<u>▶</u>				
List all states in which the orgenistration or licensing	ganızatıon ıs regist	ered or li	censed to	l o solicit contributions o	r has bee	en notified it is	L exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut							
		3 1 3	(a) Event #1  Friends of Athletics (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))				
<u>⊕</u>	1	Current un countr	16,34!		(cotal namber)	16,345				
Reveilue	2	Gross receipts  Less Contributions	10,75!			10,755				
	3	Gross income (line 1								
	4	Cash prizes	5,590			5,590				
ses	5	Noncash prizes	1,224	1		1,224				
Expenses	6	Rent/facility costs	(			0				
å Ä	7	Food and beverages .	2,990		0	2,990				
Dreat	8	Entertainment			0	0				
Ā	9	Other direct expenses .	500			500				
	10	Direct expense summary Add lin	ies 4 through 9 in column	ı(d)		(4,714)				
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		876				
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
		Gross revenue								
Expenses		Cash prizes								
		Non-cash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor		<ul><li>✓ Yes</li></ul>	│ Yes % No					
		Direct expense summary Add line  Net gaming income summary Subt								
9 a b										
10a b	Wer	e any of the organization's gaming (es," explain	licenses revoked, susper	nded or terminated during	the tax year?	]				

Sche	edule G (Form 990 or 990-EZ) 2014				Page <b>3</b>					
11	Does the organization conduct gaming	activities with nonn	members?	T <sub>Yes</sub> [						
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity							
	formed to administer charitable gaming	J <sup>2</sup>		Г <sub>Yes</sub> Г	— No					
13	Indicate the percentage of gaming acti		1 1	, , , ,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records							
	Name <b>▶</b>									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– <sub>No</sub>					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization <b>&gt;</b> \$ and the							
c	If "Yes," enter name and address of the third party									
	Name ▶									
	Address 🏲									
16	Gaming manager information									
	Name 🟲									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	<del>_</del> Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?	retain the state gaming license?								
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent							
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

Schedule I (Form 990)

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

DLN: 93493134044326 OMB No 1545-0047

Department of the Treasury

THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

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

**Inspection** 

Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

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

Employer identification number

04-2103578

Pa	art 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	_ '

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Pomona College 185 E 6th Street Claremont, CA 91711	95-1664112	501(c)(3)	23,388				Sub-award for grant research
(2) University of Massachusetts 405 Goodell Building 140 Hicks Way Amherst, MA 010039272	04-3167352		94,164				Sub-award for grant research
(3) University of New Hampshire 51 College Road Durham,NH 03824	02-6000937		42,887				Sub-award for grant research
(4) University of Pennsylvania P221 Franklin Building 3451 Walnut Street Philadelphia, PA 194104620	23-1352685	501(c)(3)	14,226				Sub-award for grant research
(5) Town of South Hadley 116 Main Street South Hadley, MA 01075	04-6001303		20,000				Support for fire department capital equipment fund
(6) WAMC PO Box 66600 Albany, NY 12206	22-2400593	501(c)(3)	80,000				Support for the A cademic Minute educational radio program featuring current academic research by professors throughout the world
(7) WFCR Hampshire House Amherst, MA 01003	04-6130523	501(c)(3)	11,543				General support for local public radio station

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) Financial aid and fellowships for US citizens for tuition, room, and board expenses	1358	37,976,220	0		

Part IV Supplemental I	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Schedule I, Part I, Line 2	All financial aid grants and scholarships to students who are United States citizens 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 or other factors. Financial aid grant funds are monitored through the financial aid management software, PowerFAIDS. Staff who will be awarding financial aid grant funds are trained to adhere to these policies and procedures. The financial aid grant information is transferred from PowerFAIDS to the student information system, Ellucian Colleague, via a regularly scheduled interface. When all institutional grant disbursement requirements are met, the funds are disbursed to the student account in Colleague. The funds are credited against any billed charges that have been previously posted. If this transaction results in a credit balance, the credit may be refunded to the student in the form of a check. The student initiates this refund process by submitting a completed Disbursement Form or Credit Balance Request Form. Student eligibility is monitored throughout the period of enrollment and adjustments are made, as necessary, for changes in enrollment status according to the College's published refund policies. *During the fiscal year, the College conducted grant-funded research. Four of the research grants included collaboration with institutions whose faculty are accomplished in their respective fields of study. *Infrequently at the discretion of the President or Vice President for Finance and Administration, the College mak

THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

DLN: 93493134044326

OMB No 1545-0047

Schedule J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

				04-2103578			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
la		k the appropiate box(es) if the organization provide Part VII, Section A, line 1a Complete Part III to		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	┌ F	- Irst-class or charter travel	굣	Housing allowance or residence for personal use			
	V T	Travel for companions	$\Gamma$	Payments for business use of personal residence			
	V I	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiation fees			
		Discretionary spending account		Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the organ oursement or provision of all of the expenses descr			1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					Yes	
3	orgar	ate which, if any, of the following the filing organiza hization's CEO/Executive Director Check all that a by a related organization to establish compensatio	appl	•			
	<b>▽</b> (	Compensation committee		Written employment contract			
	<b>▽</b> I	Independent compensation consultant		Compensation survey or study			
	F	Form 990 of other organizations		Approval by the board or compensation committee			
1		ng the year, did any person listed in Form 990, Part related organization	· VII	I, Section A, line $1  ext{a}$ with respect to the filing organization			
а	Rece	ive a severance payment or change-of-control pay	men	nt?	4a		No
b	Parti	cipate in, or receive payment from, a supplemental	non	iqualified retirement plan?	4b		No
С	Parti	cipate in, or receive payment from, an equity-based	d co	mpensation arrangement?	4c		No
		es" to any of lines 4a-c, list the persons and provid					
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organization	ıs mı	ust complete lines 5-9.			
5		ersons listed in Form 990, Part VII, Section A, line pensation contingent on the revenues of	e 1 a	, did the organization pay or accrue any			
а	The	organization?			5a		No
b	Anyı	related organization?			5b		Νo
	If"Y€	es," to line 5a or 5b, describe in Part III					
5		ersons listed in Form 990, Part VII, Section A, line persation contingent on the net earnings of	e 1 a	, did the organization pay or accrue any			
а	The	organization?			6a		No
b	Anyı	related organization?			6b		Νo
	If "Y e	es," to line 6a or 6b, describe in Part III					
7		ersons listed in Form 990, Part VII, Section A, line nents not described in lines 5 and 6? If "Yes," desc			7		No
3		any amounts reported in Form 990, Part VII, paid					
		ect to the initial contract exception described in Re rt III	gula	itions section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If"Y	es" to line 8, did the organization also follow the re	butt:	able presumption procedure described in Regulations	<b> </b>		110
-		on 53 4958-6(c)?	_ 4	and proceedings of the second	9		1

#### 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part IIII Supplemental Information

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

Return Reference	Explanation
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 advancement, alumnae 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 covered, 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 College has a mortgage subsidy program for eligible employees whereby the College pays the employee the interest differential between the mortgage lender's market rate of interest and the prevailing long term monthly compounded applicable federal rate (AFR). The College subsidy constitutes a taxable benefit and therefore the subsidy and tax gross-up are included in the reportable compensation of employees who participate in the program. One of the highest compensated employees participates in this subsidized benefit program. This program is no longer offered for new mortgage loans originating after June 30, 2011. * The Board of Trustees recognizes the unique role the President and other senior administrators play in supporting alumnae and advancement activities, campus events, and other official functions. Accordingly, as a condi
Schedule J, Part I, Line 3	For a description of the process used to determine the President's compensation, please refer to Schedule O, Part VI, Section B, Line 15
Schedule J, Part II	Due to the President's resignation, she will not be eligible for deferred compensation. Accordingly, no deferred compensation is reported in Schedule J, Part II, Column (C) for the President. Additionally, the President will not be receiving the deferred compensation reported for her in previous years' Forms 990.

**Software ID:** 14000267

**Software Version:** v1.00

**EIN:** 04-2103578

Name: THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS (ii) Bonus &	SC compensation (iii) Other	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B)
		Compensation	incentive compensation	reportable compensation	compensation		,,,,,,	reported as deferred in prior Form 990
Lynn Pasquerella, President –	(I) (II)	) 423,207 ) 0	0	35,977 0	27,300 0	8,140 0	494,624	0
Sonya Stephens, VP for Academic Affairs & Dean of Faculty	(I) (II)	) 235,735 ) 0	0	0	25,452 0	18,957 0	280,144	0
Shannon D Gurek, VP for Finance & Administration & Treasurer	(I) (II)	) 228,574 ) 0	0 0	0	24,392 0	9,924 0	262,890 0	0 0
MaryAnne Young, Vice President for Advancement	(I) (II)		0	0	21,634 0	32,359 0	260,033	0 0
Diane Anci, VP for Enrollment & Dean of Admission	(I) (II)	) 196,024 ) 0	0	0	21,093 0	17,157 0	234,274 0	0 0
Cerri Banks, VP for Student Affairs & Dean of the College	(I) (II)		0	0	19,860 0	25,551 0	232,972 0	0 0
Christine Hutchins, VP for Marketing & Communications	(I) (II)		0	14,357 0	19,250 0	16,335 0	228,213	0
Julie Tyson, Interim Vice President for Advancement	(I) (II)	0	Ö	0 0	14,928 0	20,523 0	169,291 0	0 0
Lenore Reilly, Secretary of the College	(I) (II)	0	0	0	14,350 0	6,575 0	156,008 0	0 0
Eva Paus, Professor of Economics & Dir of Ctr for Global Initiatives	(I) (II)		0	0	17,974 0	17,722 0	201,600	0 0
Charles Ramsay, Director Principal Gifts and International Advancement	(I) (II)		0	2,497 0	16,226 0	17,081 0	185,469 0	0
Vincent Ferraro, Professor of Politics	(I) (II)	0	0 0	0 0	16,548 0	9,099 0	182,353 0	0
Melinda Darby Dyar, Professor & Chair of Astronomy	(I) (II)	) 150,687 ) 0	0	0	11,883 0	462 0	163,032	0
John Stomberg, Director of Art Museum	(I) (II)	0	0	2,671 0	14,895 0	684 0	160,003	0 0
Christopher Benfey, Former VP for Academic Affairs & Dean of Faculty	(I) (II)	0	0 0	0	16,053 0	17,078 0	181,148 0	0 0
Sarah Sutherland, Former Secretary of the College	(I) (II)	112,429	0 0	10,457 0	13,120 0	7,029 0		0

DLN: 93493134044326

OMB No 1545-0047

2014

Schedule K (Form 990)

Department of the Treasury

**Supplemental Information on Tax Exempt Bonds** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

rtment of the Treasury nal Revenue Service	<b>►</b> Informatio	n about Schedule F	ለ (Form 990) and its	instructions	is at <u>w</u>	ww.ii	<u>irs.gov/form</u>	<u>1990</u> .							
e of the organization									Em	ployer ic	lentifica	ition nu	mber		
TRUSTEES OF MOUNT HOLYOF	KE COLLEGE								04	-21035	578				
rt I Bond Issues															
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price '	(f	<b>f)</b> Descriptio	n of purpose	( <b>g</b> ) De	efeased		behalf of fina		(i) Pool inancing	
	,	ſ	!	1	,						1				
	ļ	1		1	,				Yes	No	Yes	No	Yes	No	
Massachusetts Development	04-3431814	57583RUS2	03-27-2008	40,2	31,354	Refu	und 2006 bor	nd issue		Х	<u> </u>	Х		Х	
Finance Agency Mount Holyoke College Issue	Ţ	ſ			1										
Series 2008	!	1	!	l	!	1			l	l	l	<u></u>	<u></u>		
Massachusetts Development	04-3431814	57583UFU7	06-09-2011	76,1						Х		Х		Х	
	,	ſ		1											
Series 2011A and 2011B		<u> </u>				C 411.,	ipus iucinicios								
rt III Proceeds															
A			!	<i></i>		$\rightarrow$	_			С	D D				
	<del></del>			<del></del>	5,391,	,354	<b></b>	6,781,942							
	<u>sed</u>		!				<u> </u>	0							
<u> </u>			!	<b></b> '	40,231,	,354	7	6,131,942							
<u> </u>			!			0		0							
			!	<u> </u>		0	<u> </u>	0							
Proceeds in refunding escrows						0		0							
Issuance costs from proceeds	,				456,	,354		569,268							
<u> </u>						0		0							
Working capital expenditures f	rom proceeds					0		0							
	ceeds					0	3	30,418,092							
Other spent proceeds					39,775,	,000 45,144,582									
Other unspent proceeds						0	0 0								
Year of substantial completion	1			20	08		2014								
				Yes	No		Yes	No	Yes	<u>r</u>	No OF	Yes	3	No	
Were the bonds issued as part	. of a current refundir	ng issue?		Х	l		X			<u> </u>		l			
Were the bonds issued as part	of an advance refur	ıdıng ıssue?			Х			Х		T					
6 Has the final allocation of proceeds been made?			Х			Х			1						
Does the organization maintain adequate books and records to support the final allocation of proceeds?			х			х									
	se														
	-	-	-		A		В	,		С			D		
			'	Yes	No	,	Yes	No	Yes	1	40	Yes	;	No	
	Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008 Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2011A and 2011B  TII Proceeds  Amount of bonds retired Amount of bonds legally defeas Total proceeds of Issue Gross proceeds in reserve func Capitalized interest from proce Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proce Working capital expenditures from capital expenditures from proceeds Other unspent proceeds Year of substantial completion  Were the bonds Issued as part Has the final allocation of proceeds?	mal Revenue Service of the organization TRUSTEES OF MOUNT HOLYOKE COLLEGE  Int I Bond Issues  (a) Issuer name (b) Issuer EIN  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008 Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2011A and 2011B  Int I Proceeds  Amount of bonds retired  Amount of bonds retired  Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion  Were the bonds issued as part of a current refunding Were the bonds issued as part of an advance refundant the final allocation of proceeds been made?  Does the organization maintain adequate books an	mal Revenue Service of the organization TRUSTEES OF MOUNT HOLYOKE COLLEGE  Int I Bond Issues  (a) Issuer name (b) Issuer EIN (c) CUSIP #  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2011A and 2011B  Int I Proceeds  Amount of bonds retired  Amount of bonds retired  Amount of bonds legally defeased  Total proceeds of issue Gross proceeds in reserve funds  Capitalized interest from proceeds  Proceeds in refunding escrows  Issuance costs from proceeds  Credit enhancement from proceeds  Working capital expenditures from proceeds  Capital expenditures from proceeds  Other spent proceeds  Other unspent proceeds  Year of substantial completion  Were the bonds issued as part of a current refunding issue?  Were the bonds issued as part of an advance refunding issue?  Has the final allocation of proceeds been made?  Does the organization maintain adequate books and records to support allocation of proceeds?	TRESTEES OF MOUNT HOLYOKE COLLEGE  TET Bond Issues  (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued  Massachusetts Development   04-3431814   57583RUS2   03-27-2008   Finance Agency   04-3431814   57583RUS2   03-27-2008   Finance Agency   04-3431814   57583UFU7   06-09-2011   Finance Agency   0	TRUSTEES OF MOUNT HOLYOKE COLLEGE  TET Bond Issues  (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2008  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2018  Massachusetts Development Finance Agency Mount Holyoke College Issue Series 2011A and 2011B  TETI Proceeds  Amount of bonds retired  Amount of bonds retired  Amount of bonds legally defeased  Total proceeds of issue  Gross proceeds in reserve funds  Capitalized interest from proceeds  Proceeds in refunding escrows  Issuance costs from proceeds  Credit enhancement from proceeds  Other spent proceeds  Other unspent proceeds  Other unspent proceeds  Vear of substantial completion  200  Yes  Were the bonds issued as part of a current refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  Were the bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds issued as part of an advance refunding issue?  An out of bonds	TRUSTEES OF MOUNT HOLYOKE COLLEGE  TELL Bond Issues  (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (e) Issue price (f) Issuer EIN (f) Date issued (f) Issue Price (f) Date issued (f) Issuer EIN (f) Date issued (f) Date	TREATMENT OF THE CONTROLLEGE  TELL BOND ISSUES  (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (d)	Test   Service   Service	TRUSTEES OF MOUNT HOLYOKE COLLEGE  TELL Bond Issues  (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose  (f) Description of purpose  (f) Description of purpose  (g) Issuer name (h) Issuer EIN (h)	TRUSTEES OF MOUNT HOLYDKE COLLEGE	TRUSTES OF MOUNT HOLYOKE COLLEGE	Comparison   Com	The cale paragration   TRUSTESS OF NOINT HOLYOKE COLLEGE    Col. 2019   F.   Col. 2019	Repert   Procession   Process   Pr	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Julie	dule K (1 01111 990) 2014									Page Z	
Par	Private Business Use (Continued)										_
			P V -			3		<u>C</u>		D N	_
3a	Are there any management or service contracts that may result in private of bond-financed property?	business use	Yes	No X	Yes	No X	Yes	No	Yes	No	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?										
С	Are there any research agreements that may result in private business use financed property?	e of bond-	Х		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or outside counsel to review any research agreements relating to the finance			Х		Х					
4	Enter the percentage of financed property used in a private business use b 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 a unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government			0 37 %		0 43 %					
6	Total of lines 4 and 5			0 37 %		0 43 %					
7	Does the bond issue meet the private security or payment test?			Х		х					
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bon issued?			х		х					
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of						•		•	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements unc Regulations sections 1 141-12 and 1 145-2?		Х		Х						
Par	t IV Arbitrage			•				•	•	•	
		А			В		С		D		
		Yes	No	Yes	No	Ye	:s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		Х						
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?		Х		Х						
b	Exception to rebate?		Х		Х						
С	No rebate due?	Х		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	•				
3	Is the bond issue a variable rate issue?		Х	Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х						
b	Name of provider										
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										

**Return Reference** 

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		X				
b	Name of provider	provider							
С	Term of GIC								
d	d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x		х				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		×					

# Part V Procedures To Undertake Corrective Action

A B			C		D			
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		Х					

Explanation

## Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part II, Line 11-	
06/09/2011 76,131,942	\$45,144,582 represents the portion of the bond used to refund the College's 2001 bond issue The projects funded by the 2001 bond issue were
Massachusetts Development Finance	substantially completed in 2004
Agency	

Return Reference	Explanation
Schedule K, Part III, Line 3c- 03/27/2008 40,231,354 Massachusetts Development Finance Agency	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

Return Reference	Explanation
06/09/2011 / 6,131,942	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

Return Reference	Explanation
Schedule K, Part III, Line 3d- 03/27/2008 40,231,354 Massachusetts Development Finance Agency	Management reviews all contracts related to bond financed facilities and has engaged bond counsel to review any agreements that are deemed significant

Return Reference	Explanation					
Schedule K, Part III, Line 3d- 06/09/2011 76,131,942 Massachusetts Development Finance Agency	Management reviews all contracts related to bond financed facilities and has engaged bond counsel to review any agreements that are deemed significant					

Return Reference	Explanation  The College contracted with a third party to prepare the April 8, 2015 rebate computation for the Series 2008 issue				
Schedule K, Part IV, Line 2c- 03/27/2008 40,231,354 Massachusetts Development Finance Agency					

Return Reference	Explanation				
Schedule K, Part IV, Line 2c- 06/09/2011 76,131,942 Massachusetts Development Finance Agency	The College contracted with a third party to prepare the June 30, 2015 rebate computations for the Series 2011A and 2011B issues				

DLN: 93493134044326

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(a) Name of interested

person

(1) Name not required

#### **Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE 04-2103578 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship (c) (d) Loan to (e)Original (f)Balance (i)Written **(g)** In (h) with organization Purpose of or from the Approved agreement? interested principal due default? organization? by board or person loan amount committee? Yes Yes Τо From No Yes No No Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(c) A mount of assistance

(b) Relationship between

interested person and the organization

Not required for colleges

16,250 Tuition Exchange

(d) Type of assistance

(e) Purpose of assistance

Tuition benefit for child

Business ir unsuccions involving interested i ersonsi									
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) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?					
				Yes	No				
(1) Adage Capital Management	Trustee's Husband	584,623	Investment Management Fees		No				

# Part V Supplemental Information

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

Return Reference	Explanation
,	The College has invested in Adage Capital Partners LP since October 2001 This investment was vetted by Cambridge Associates LLC, an independent advisory firm that performs due diligence and makes recommendations for investments The husband of Trustee Elizabeth Cochary Gross is a partner at Adage Capital Management

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493134044326

OMB No 1545-0047

(Form 990)

Department of the Treasury

**SCHEDULE M** 

**Noncash Contributions** 

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

**Employer identification number** 

04-2103578

Pa	Types of Property			•				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do noncash contrib	etermı		ts
1	Art—Works of art	Х	41	1,442,530	Opinions of experts			
2	Art—Historical treasures .	Х	4		Opinions of experts			
3	Art—Fractional interests							
4	Books and publications	Х		87,055	Opinions of experts			
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property Securities—Publicly traded .		313	4 0 3 6 6 0 0	Market value			
	Securities—Closely held stock		313	4,030,000	Market value			
	Securities—Partnership, LLC,	•						
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial	Х	1	1,000,000	Market value			
17	Real estate—O ther							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy	.,						
	Historical artifacts	X	1	4,000	Opinions of experts			
	Scientific specimens Archeological artifacts							
	Other • ()							
	Other ► ()							
	Other ►()							
	Other►( )							
	Number of Forms 8283 received for which the organization compl				29			21
				_			Yes	No
30a	<ul><li>During the year, did the organiz</li></ul>	atıon receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28, that			
	ıt must hold for at least three y				red to be used			
	for exempt purposes for the ent	ıre holdıng p	period?			30a		No
b	If "Yes," describe the arrangen	nent in Part	II					
31	Does the organization have a g	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	se third part	ies or related organizations	to solicit, process, or sell	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33		t an amount	: in column (c) for a type of	property for which column (	a) is checked,			

number of items received, or a combination of both. Also complete this part for any additional information.			
Return Reference	Explanation		
	For gifts of tangible real or personal property that do not meet the College's mission objectives, the College engages the services of an auction house or real estate agent to sell the property and transfer the proceeds to the College		

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

Schedule M (Form 990) (2014)

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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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation				
	In October 2014, the by-laws were amended to allow for up to 34 Trustees and 27 Term Trustees at any given time during the fiscal year				

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	According to the College's by-laws, five Trustees known as Alumnae 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 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 three days prior to the meeting Nominations shall be made by the Nominating and Governance Committee.

Return Reference	Explanation
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 any findings to the Board of Trustees and the complete copy of the Form 990 is provided to each Trustee prior to filing.

Return Reference	Explanation				
Form 990, Part VI, Section B, Line 12c	The College requires each member of the Board of Trustees to electronically transmit a Conflict of Interest Disclosure Form annually via the College's secured wiebsite. In addition, non-Trustee committee members, officers and employees with key responsibilities are asked to electronically submit Conflict of Interest Disclosure Forms annually. The Office of the President ensures that the completed forms are returned by all Trustees and the Office of Finance and Administration ensures that the completed forms are returned by all non-Trustee committee members, officers and employees with key responsibilities. The Office of Finance and Administration collects and records the submitted data from the secured wiebsite. The information on the submitted forms is summarized by the Vice President for Finance and Administration and Treasurer with 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.				

Return Reference	Explanation				
Form 990, Part VI, Section B, Line 15	Annually, the Human Resources Department assembles comparative salary data for all senior/executive positions at the College including President and all Vice Presidents (Vice President for Advancement, Vice President for Student Affairs/Dean of the Faculty, Vice President for Finance and Administration/Treasurer, Vice President for Advancement, Vice President for Student Affairs/Dean of the College, Vice President for Enrollment and College Relations, and Vice President for Marketing and Communications) and the Secretary of the College This process was last undertaken in May 2015 for each of the positions mentioned above. Salary data for these executive positions is compiled from the Administrators in Higher Education Salaries. 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 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 Sullivan, Cotter & Associates). Twenty-seven of the College's peer institutions also participate in this survey. Salary data from this survey is analyzed in a similar fashion to the CUPA-HR data. This salary data, along with salaries of current Mount Holyoke College incumbents, is assembled and shared with the Chair of the Board of Trustees and with the Chair of the Nominating and Governance Committee. The data is then presented to the full Nominating and Governance Committee for discussion and decision on what salary adjustments, if any, will be recommended and brought to the full Board for a vote at their executive session. The Chair of the Board of Trustees is responsible for oversight of performance managem				

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

Return Reference	Explanation				
Form 990, Part XI, Line 9 Other changes include Willits Hallow ell Center support of -47,302, change in value of interest rate swa change in FAS 158 pension liability of -1,645,574, and change in value of split interest agreements of -3					

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DLN: 93493134044326

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

04-2103578 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disproprt	:ionate	Code V-UBI	General	or Percentag
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocatio	ns?	amount in box	managır	g ownership
· · · · · · · · · · · · · · · · · · ·		(state or	entity	unrelated,		assets	l		20 of	partner <sup>*</sup>	7
·		foreign		excluded from					Schedule K-1	1	
·		country)		tax under			l		(Form 1065)	i	
·				sections 512-			l			i	
·				514)						<b></b>	
				,		1	Yes	No		Yes N	<b>&gt;</b>
											<del></del>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i contro entit	n 512 13) olled
								Yes	No
(1) The Center Business Corporation	Small business investment	МА	Mount Holyoke College	C	-565	10,807	100 %	Yes	
17 College Street South Hadley, MA 01075 04-2983326									
(2) Charitable Remainder Unitrusts (21)	Charitable Trust	МА	Mount Holyoke College	Т				Yes	
c/o Mount Holyoke College 50 College Street South Hadley, MA 01075									
(3) Charitable Remainder Unitrusts Make Up (1)	Charitable Trust	МА	Mount Holyoke College	Т				Yes	
c/o Mount Holyoke College 50 College Street South Hadley, MA 01075									
(4) Perpetual Trust (1)	Charitable Trust	МА	Mount Holyoke College	Т				Yes	
c/o Mount Holyoke College 50 College Street South Hadley, MA 01075									
(5) Pooled Income Funds (2) c/o Mount Holyoke College 50 College Street	Chantable Trust	МА	Mount Holyoke College	Т				Yes	
South Hadley, MA 01075									

hedule R (Form 990) 2014		Р	age <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 3	4, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	;
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	<b>1e</b>		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	;
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	;
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	;
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
q Reimbursement paid by related organization(s) for expenses	1q	Yes	;
• Other transfer of each or preparty to related erganization(c)	1r	Yes	
r Other transfer of cash or property to related organization(s)	1s	Yes	
s Other transfer of cash or property from related organization(s)	15	1 65	

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Willits Hallowell Center Inc	1	142,697	Overhead Allocation
(2) Willits Hallowell Center Inc	m	510,652	Internal Sales
(3) Willits Hallowell Center Inc	n	350,000	Estimated fair market value of building
(4) Willits Hallowell Center Inc	r	47,302	Willits Hallowell Center subsidy
(5) Pooled Income Funds (2)	S	393,734	Mandatory Transfers

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
1			<u> </u>			'				

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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