



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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE % SUSAN O'NEILL - INTERIM CNTR Doing business as Mount Holyoke College Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 COLLEGE STREET City or town, state or province, country, and ZIP or foreign postal code SOUTH HADLEY, MA 01075 F Name and address of principal officer: SONYA STEPHENS 50 COLLEGE STREET SOUTH HADLEY, MA 01075	D Employer identification number 04-2103578 E Telephone number (413) 538-3674 G Gross receipts \$ 326,845,313
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.MTHOLYOKE.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1836 M State of legal domicile: MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3,299
	6 Total number of volunteers (estimate if necessary)	6	1,205
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-241,321
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,513,999	21,777,456
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140,776,970	137,973,865
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,661,120	37,245,371
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,747,083	6,202,623
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,699,172	203,199,315
	14 Benefits paid to or for members (Part IX, column (A), line 4)	56,008,759	55,487,658
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	91,680,154	94,476,490
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,984,695	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,392,655	56,400,943
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,081,568	206,365,091
	19 Revenue less expenses. Subtract line 18 from line 12	8,617,604	-3,165,776
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,083,472,761	1,113,144,235
	22 Net assets or fund balances. Subtract line 21 from line 20	183,685,524	224,408,060
		899,787,237	888,736,175

Part II Signature Block

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

Sign Here	Signature of officer SHANNON D GUREK VP FIN ADMIN&TREASUR Type or print name and title	2021-05-13 Date	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶ KPMG LLP		Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 60 South Street Boston, MA 02111		PTIN P01880207 Firm's EIN ▶ Phone no. (617) 988-1000

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

Part III Statement of Program Service Accomplishments

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



1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 136,443,827 including grants of \$ 54,779,858) (Revenue \$ 119,421,418)

Instruction, Research, Academic Support and Library Services Mount Holyoke College enrolls approximately 2,200 undergraduate students who benefit from small group instruction in a diverse college community with a student-to-faculty ratio of 9 to 1. Mount Holyokes 200 accomplished faculty members are innovative teachers dedicated to their students. They are also active scholars, research scientists, and creative artists passionate about their disciplines. The College offers 48 departmental and interdepartmental majors. Through the liberal arts education, students explore art, literature, languages, philosophy, politics, history, mathematics and science rather than choosing one specialized track of study. The liberal arts also transcend the classroom. Students gain a complex understanding of the world in which they live through internships, study abroad, community-based learning, volunteer work and independent research. In addition to its undergraduate program, the College, through its division of Professional and Graduate Education (PAGE), offers a range of graduate degree programs, institutes, and courses to support emerging leaders, scientists and educators who want to increase their scope of impact in their respective fields. An integral part of the college community, Library and Information Technology Services facilitates the creative use of information and technology. It supports the educational priorities of the College by providing instruction, materials, staff expertise and equipment to sustain learning, teaching, research and the Colleges administrative functions.

4b (Code:) (Expenses \$ 30,381,338 including grants of \$ 707,800) (Revenue \$ 12,210,590)

Student Services and Residential Life The Division of Student Life cultivates a dynamic, engaged and inclusive community that enriches the student experience, promotes wellness and belonging, and supports the purposeful development of every student. Engagement, peer mentorship and self governance are the foundations of Mount Holyokes residential program. To this end, most residence halls house members of all four classes along with vibrant Living-Learning Communities, including a residence hall dedicated exclusively to the enhancement of the first year experience. The Colleges residence halls are unique in design and character and offer many configurations as well as common spaces to meet the developing needs of students. Along with being committed to academic success, Mount Holyoke cares about the overall well being of students. The College offers a range of health, counseling, public safety, and accessibility services to support the needs of its students. The Office of Student Involvement supports more than 100 student organizations and presents a wide array of cultural, entertainment and social events, in addition to providing students with opportunities for leadership, service, and engagement. The Office of Student Involvement works to create a vibrant and inclusive co-curricular campus life that sustains Mount Holyoke College students as scholars, and offers them skills for leading a balanced life.

4c (Code:) (Expenses \$ 10,331,193 including grants of \$) (Revenue \$ 13,237,569)

Dining Services At Mount Holyoke College, dining continues to be an integral part of a students educational experience. The Colleges Dining Commons (DC), located within its Community Center, is a hub of student life where community members can converse, collaborate, and relax with one another. The DC, which was named a Level 1 Certified Green Restaurant, features five food stations that promote health, wellness and sustainability by focusing on international cuisine, vegan options and avoiding food with allergens. With seating in six distinctive dining rooms, the DC offers students the opportunity to interact with one another, as well as with members of the entire campus community. These intentionally designed spaces provide students with a strong foundation from which to imagine and envision future possibilities, both curricular and co-curricular. These new spaces not only connect students to each other, but also to the beauty of the Colleges campus and provide new opportunities for creative work, thus maintaining the intimacy and purpose of the Mount Holyoke community dining experience. Dining Services is responsible for all Community Center cash operations, vending, a bakery, and a warehouse. The qualified and experienced culinary production and service staff are dedicated to providing fresh, nutritious, well-prepared foods and offering diverse and extensive menu options for the entire Mount Holyoke College community.

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

4e Total program service expenses 177,156,358

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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? If "Yes," complete Schedule D, Part I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		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	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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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	Yes	
11c	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		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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)?	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
14b	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	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		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	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)		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	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bond issues, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 10 columns: Question ID, Question Text, Answer Box, and three columns for Yes/No/Other. Rows include questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, contributions, and excise taxes.

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

Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, MA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SUSAN O'NEILL - INTERIM CNTR 50 College Street South Hadley, MA 01075 (413) 538-2641

Part VII 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sonya Stephens President	60.0 1.0	X		X				581,858	0	86,480
(2) Shannon D Gurek VP for FIN & Admin & Treasurer	50.0 1.0			X				297,824	0	48,246
(3) Cassandra Jolley VP for Adv&Acting VP for Comm	50.0 0.0			X				279,304	0	49,079
(4) Jon Western VP for Acad Aff & Dean Faculty	50.0 0.0			X				241,727	0	85,586
(5) Marcella Runell Hall VP for Stud Life & Dean of Std	50.0 0.0			X				192,865	0	57,490
(6) Eva Paus PROFESSOR OF ECONOMICS	50.0 0.0					X		196,160	0	43,773
(7) Robin Randall VP for Enrollment Management	50.0 0.0			X				195,299	0	41,166
(8) Charles Greene II VP for Communications & Mktg	50.0 0.0			X				188,145	0	43,196
(9) Keith Michel ASSOCIATE VP FOR DEVELOPMENT	50.0 0.0					X		188,898	0	42,237
(10) Alexander Wirth-Cauchon CIO&Exec Dir Of Lib Info&Tech	50.0 0.0					X		187,186	0	36,766
(11) Amy Martin Professor OF English	50.0 0.0					X		177,478	0	40,723
(12) Valerie Barr Professor of Computer Science	50.0 0.0					X		176,392	0	37,832
(13) Kijua Sanders-McMurtry VP for Equity&Inclusion&CDO	50.0 0.0			X				181,652	0	32,048
(14) LENORE REILLY Secretary of the College	50.0 1.0			X				153,417	0	24,544
(15) Elizabeth Barbeau TRUSTEE	2.0 0.1	X						0	0	0
(16) Jennie Berkson TRUSTEE	2.0 0.1	X						0	0	0
(17) Lori Bettison-Varga TRUSTEE	2.0 0.1	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Elizabeth Cochary Gross TRUSTEE	2.0 0.1	X						0	0	0
(19) Katherine E Collins VICE CHAIR	6.0 0.1	X						0	0	0
(20) Erin Ennis TRUSTEE	2.0 2.1	X						0	0	0
(21) Carrianna K Field TRUSTEE	4.0 0.1	X						0	0	0
(22) Ellen J Flannery TRUSTEE	4.0 0.2	X						0	0	0
(23) Heather Harde TRUSTEE	2.0 0.1	X						0	0	0
(24) Mary Hughes TRUSTEE	2.0 0.1	X						0	0	0
(25) David Mahoney TRUSTEE	2.0 0.1	X						0	0	0
(26) Camille Malonzo TRUSTEE	2.0 0.1	X						0	0	0
(27) KC Maurer TRUSTEE	4.0 0.1	X						0	0	0
(28) Anne McKenny TRUSTEE	2.0 0.1	X						0	0	0
(29) Natasha Mohanty TRUSTEE	4.0 0.1	X						0	0	0
(30) Maria Mossaides TRUSTEE	2.0 10.1	X						0	0	0
(31) Rhynette Northcross Hurd VICE CHAIR	4.0 0.1	X						0	0	0
(32) Jennifer Rochlis TRUSTEE	4.0 0.1	X						0	0	0
(33) Gareth Ross TRUSTEE (Ended 1/2020)	2.0 0.1	X						0	0	0
(34) Raj Seshadri TRUSTEE	2.0 0.1	X						0	0	0
(35) Karena Strella CHAIR	8.0 0.1	X						0	0	0
(36) Mona Sutphen TRUSTEE	4.0 0.1	X						0	0	0
(37) Michelle Toh TRUSTEE	2.0 0.1	X						0	0	0
(38) Louise Wasso TRUSTEE	6.0 0.1	X						0	0	0
(39) Elizabeth Weatherman TRUSTEE	4.0 0.1	X						0	0	0
(40) Sarah Wells TRUSTEE	2.0 0.1	X						0	0	0
(41) Elizabeth Wharff TRUSTEE	2.0 0.1	X						0	0	0
(42) Ke Isabella Wu TRUSTEE	2.0 0.1	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,238,205	0	669,166

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 137**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) Name and business address	(B) Description of services	(C) Compensation
Cambridge Associates LLC, 100 Summer Street Boston, MA 02110	INVESTMENT CONSULT	1,081,250
Adage Capital Partners, 200 Clarendon Street 52nd Floor Boston, MA 02116	INVESTMENT MGMT	544,478
Cedar Rock Capital Partners, 11 Broadway Suite 965 New York, NY 10019	INVESTMENT MGMT	489,923
Silchester International Investors, 780 Third Avenue Floor 42 New York, NY 10017	INVESTMENT MGMT	394,831
Lone Cascade LP, C/O Lone Pine Membs LLC2 Greenwich Greenwich, CT 06830	INVESTMENT MGMT	369,562

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 27**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c	15,545		
	d Related organizations	1d	451,768		
	e Government grants (contributions)	1e	5,226,071		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,084,072		
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,713,486		
h Total. Add lines 1a-1f		21,777,456			

Program Service Revenue			Business Code			
	2a Tuition and Fees		611310	112,620,736	112,620,736	
b Room and Other Board		611310	25,341,377	25,341,377		
c Educational Performances		611310	11,752	11,752		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			137,973,865			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,887,506		-615,428	5,502,934	
	4 Income from investment of tax-exempt bond proceeds			75			75	
	5 Royalties			714			714	
	6a Gross rents	(i) Real	(ii) Personal					
		6a		614,217				
		b Less: rental expenses		384,917				
		c Rental income or (loss)		229,300	0			
	d Net rental income or (loss)				229,300			229,300
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a		155,438,246				
		b Less: cost or other basis and sales expenses		123,017,136	63,320			
		c Gain or (loss)		32,421,110	-63,320			
	d Net gain or (loss)				32,357,790	33,395		32,324,395
	8a Gross income from fundraising events (not including \$ 15,545 of contributions reported on line 1c). See Part IV, line 18							
		8a			8,480			
b Less: direct expenses				5,604				
c Net income or (loss) from fundraising events				2,876			2,876	
9a Gross income from gaming activities. See Part IV, line 19								
	9a			0				
	b Less: direct expenses			0				
c Net income or (loss) from gaming activities				0			0	

10a Gross sales of inventory, less returns and allowances . . .	10a	281,803			
b Less: cost of goods sold	10b	175,021			
c Net income or (loss) from sales of inventory . . .			106,782	106,782	
Miscellaneous Revenue	Business Code				
11a Public Safety Collaborative	611310		1,832,935	1,832,935	
b Educational Conferences	721000		720,528	419,491	301,037
c LOSS ON REFINANCING ON DEBT	900009		-1,266,691		-1,266,691
d All other revenue			4,576,179	4,536,504	39,675
e Total. Add lines 11a-11d ▶			5,862,951		
12 Total revenue. See instructions ▶			203,199,315	144,869,577	-241,321
					36,793,603

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	124,048	124,048		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,376,247	47,376,247		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	7,987,363	7,987,363		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,857,663	803,365	1,686,019	368,279
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			
7 Other salaries and wages	68,229,036	60,067,377	4,925,386	3,236,273
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,807,186	5,993,046	491,479	322,661
9 Other employee benefits	11,541,231	10,160,900	833,277	547,054
10 Payroll taxes	5,041,374	4,438,426	363,987	238,961
11 Fees for services (non-employees):				
a Management	553,767	223,484	36,414	293,869
b Legal	449,330	49,104	399,918	308
c Accounting	260,250		260,250	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	6,998,092		6,998,092	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,470,755	3,713,399	1,621,441	135,915
12 Advertising and promotion	56,283	29,963	23,901	2,419
13 Office expenses	3,741,397	3,044,139	548,164	149,094
14 Information technology	1,339,558	696,990	640,958	1,610
15 Royalties	19,359	10,315	9,044	
16 Occupancy	3,696,438	3,436,821	108,176	151,441
17 Travel	1,618,656	1,365,167	124,561	128,928
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	210,063	178,249	22,671	9,143
20 Interest	4,640,855	4,472,262	67,001	101,592
21 Payments to affiliates	274,978	157,581	93,061	24,336
22 Depreciation, depletion, and amortization	10,516,532	10,149,091	144,220	223,221
23 Insurance	3,711,932	2,981,986	712,259	17,687
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Allocated Expenses	0	215,728	-215,728	
b Public Safety Collab. Expenses	1,791,595	1,791,595		
c Alumnae Association Support	1,939,634	0	0	1,939,634
d All other expenses	9,111,469	7,689,712	1,329,487	92,270
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	206,365,091	177,156,358	21,224,038	7,984,695
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	25,341,826	2	58,270,662
	3 Pledges and grants receivable, net	17,663,413	3	16,894,058
	4 Accounts receivable, net	2,111,445	4	2,415,425
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	238,824	7	238,824
	8 Inventories for sale or use	857,342	8	771,655
	9 Prepaid expenses and deferred charges	1,286,375	9	2,641,337
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 455,137,374		
	b Less: accumulated depreciation	10b 258,017,967	198,069,463	10c 197,119,407
	11 Investments—publicly traded securities	86,690,031	11	44,742,969
	12 Investments—other securities. See Part IV, line 11	730,280,499	12	771,575,952
	13 Investments—program-related. See Part IV, line 11	14,389,426	13	12,298,116
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	6,544,117	15	6,175,830
16 Total assets: Add lines 1 through 15 (must equal line 34)	1,083,472,761	16	1,113,144,235	
Liabilities	17 Accounts payable and accrued expenses	8,234,415	17	10,920,072
	18 Grants payable	0	18	0
	19 Deferred revenue	1,710,090	19	3,585,061
	20 Tax-exempt bond liabilities	122,783,597	20	58,457,710
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	36,758,111
	24 Unsecured notes and loans payable to unrelated third parties	0	24	66,862,152
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	50,957,422	25	47,824,954	
26 Total liabilities. Add lines 17 through 25	183,685,524	26	224,408,060	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	178,291,013	27	172,860,207
	28 Net assets with donor restrictions	721,496,224	28	715,875,968
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	899,787,237	32	888,736,175
33 Total liabilities and net assets/fund balances	1,083,472,761	33	1,113,144,235	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	203,199,315
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,365,091
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,165,776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	899,787,237
5	Net unrealized gains (losses) on investments	5	-2,950,948
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,934,338
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	10	888,736,175

Part XII Financial Statements and Reporting

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990-EZ)

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 655,524,865
13 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

Table with 3 columns: Description, Line number, Percentage. Rows: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 57.068%; 15 Public support percentage for 2018 Schedule A, Part II, line 14 15 55.641%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2018. 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
17a 10%-facts-and-circumstances test—2019. 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
b 10%-facts-and-circumstances test—2018. 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
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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 Part VI when and how the organization made the determination.		
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 Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
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)? 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.		
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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 I of Schedule L (Form 990 or 990-EZ).		
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 Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) 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 Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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).		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>If "No," describe in Part VI 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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **See instructions.** All other Type III 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 | | |
| a 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 Discount 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

Current Year

- | | | | |
|--|----------|--|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI 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

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2019

Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number 04-2103578

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [] 501(c)() (enter number) organization [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [] 527 political organization [] 501(c)(3) exempt private foundation [] 4947(a)(1) nonexempt charitable trust treated as a private foundation [] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
 04-2103578

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE	Employer identification number 04-2103578
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on 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" on 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" on 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) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1A	The College pays membership dues to organizations that address state and federal regulatory issues for the collective benefit of member-institutions. The organizations notify the College of the approximate amount of membership dues used for lobbying expense.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 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.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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" on Form 990, Part IV, line 8.

1a 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.	
b 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 on Form 990, Part VIII, line 1 ▶ \$ <u>284,500</u> (ii) Assets included in Form 990, Part X ▶ \$ <u>16,468,430</u>	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	794,203,693	777,739,103	729,438,097	667,564,847	703,010,972
b Contributions	4,962,890	8,507,067	20,696,541	5,998,824	19,587,426
c Net investment earnings, gains, and losses	33,997,924	49,907,925	70,124,576	91,894,441	-11,635,853
d Grants or scholarships	12,411,741	12,262,691	12,146,828	12,081,547	11,809,408
e Other expenditures for facilities and programs	23,641,557	22,959,616	23,051,724	15,361,432	22,873,279
f Administrative expenses	8,074,464	6,728,095	7,321,559	8,577,036	8,715,011
g End of year balance	789,036,745	794,203,693	777,739,103	729,438,097	667,564,847

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 16.000 %
 - b** Permanent endowment ▶ 39.000 %
 - c** Temporarily restricted endowment ▶ 45.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,507,136		28,507,136
b Buildings		198,217,532	75,556,315	122,661,217
c Leasehold improvements		101,315,857	64,748,176	36,567,681
d Equipment		66,450,597	62,277,808	4,172,789
e Other		60,646,252	55,435,668	5,210,584
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				197,119,407

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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 INC MUT/COMINGLED FUNDS	9,896,866	F
(B) EQUITY MUTUAL/COMINGLED FUNDS	356,153,655	F
(C) HEDGE FUNDS	172,534,894	F
(D) PRIVATE EQUITY-REAL ASSETS	46,223,453	F
(E) VENTURE CAPITAL	156,357,048	F
(F) PRIVATE EQUITY-OTHER	27,255,253	F
(G) OTHER	3,154,783	F
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	771,575,952	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	47,824,954

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	194,295,826
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,950,948
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-6,478,719
e	Add lines 2a through 2d	2e	-9,429,667
3	Subtract line 2e from line 1	3	203,725,493
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-526,178
c	Add lines 4a and 4b	4c	-526,178
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	203,199,315

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	205,347,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,057,346
e	Add lines 2a through 2d	2e	7,057,346
3	Subtract line 2e from line 1	3	198,290,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,074,464
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,074,464
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	206,365,091

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, 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
PART III, LINE 4	ART MUSEUM The College maintains more than 24,000 works of art from antiquity to the present that comprise the permanent collection of the Mount Holyoke College Art Museum. Particular strengths within this collection include ancient Mediterranean art and artifacts, paintings, sculpture, and decorative art from Europe and the United States, and modern and global contemporary art. Categories of significant depth include photography, glass, ceramics, prints and drawings, and numismatics. 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 several 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. PART V, LINE 2 MOUNT HOLYOKE COLLEGE HAS ADOPTED FASB ASU 2016-14, PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2020 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS. FOR PURPOSES OF PART V, LINE 2, MOUNT HOLYOKE COLLEGE HAS REPORTED ITS YEAR END ENDOWMENT BALANCE WITHOUT DONOR RESTRICTIONS AS QUASI-ENDOWMENT AND ITS YEAR END BALANCE WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT AND TERM RESTRICTED ENDOWMENT.
PART V, LINE 4	Mount Holyoke's endowment consists of more than 1,785 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 25% 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 27% of the College's annual operating budget revenues.
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.
PART XI, LINE 2D	OTHER ADJUSTMENTS WILLITS HALLOWELL CENTER REVENUE 1,140,669 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 455,076 ENDOWMENT EXPENSES -8,074,464 ----- TOTAL -6,478,719
PART XI, LINE 4B	OTHER ADJUSTMENTS COST OF GOODS SOLD -175,021 FUNDRAISING EXPENSES -5,604 FACULTY HOUSING EXPENSES -345,553 ----- TOTAL -526,178
PART XII, LINE 2D	OTHER ADJUSTMENTS WILLITS HALLOWELL CENTER EXPENSES 1,633,249 COST OF GOODS SOLD 175,021 FUNDRAISING EXPENSES 5,604 FACULTY HOUSING EXPENSES 345,553 CHANGE IN FAS PENSION OBLIGATION 2,745,722 PENSION SETTLEMENT COST 606,944 CHANGE IN VALUE OF INTEREST RATE SWAPS 1,545,253 ----- TOTAL 7,057,346

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990EZ for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3 Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

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
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 CATALOGS PERTAINING TO STUDENT ADMISSIONS, PROGRAMS AND SCHOLARSHIPS. THE COLLEGE'S NON-DISCRIMINATION STATEMENT IS ALSO AVAILABLE ON ITS WEBSITE LANDING PAGE. MOUNT HOLYOKE COLLEGE HAS APPROXIMATELY 2,200 STUDENTS WHO HAIL FROM 47 STATES AND 58 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 26% WHO ARE INTERNATIONAL CITIZENS. OUT OF DOMESTIC STUDENTS, 25% IDENTIFY AS AFRICAN AMERICAN, NATIVE AMERICAN, ASIAN, LATINA, OR MULTIRACIAL.
PART I, LINE 6A	The College receives federal grants for faculty research and student scholarships.

Schedule E (Form 990 or 990-EZ)
(2019)

Additional Data

Return to Form

Software ID:
Software Version:

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean			Program Services	Grant Aid	138,464
(2) Central America and the Caribbean			Program Services	Study Abroad	38,190
(3) Central America and the Caribbean			Investments		274,046,119
(4) East Asia and the Pacific			Program Services	Grant Aid	3,292,799
(5) East Asia and the Pacific			Program Services	Study Abroad	34,950
(6) East Asia and the Pacific			Program Services	Research	7,524
(7) East Asia and the Pacific			Program Services	Recruitment	25,540
(8) Europe (Including Iceland and Greenland)			Program Services	Grant Aid	251,257
(9) Europe (Including Iceland and Greenland)	1	1	Program Services	Study Abroad	220,200
(10) Europe (Including Iceland and Greenland)			Program Services	Research	64,191
(11) Europe (Including Iceland and Greenland)			Program Services	Recruitment	10,228
(12) Europe (Including Iceland and Greenland)			Fundraising	Alumnae Meetings	37,413
(13) Europe (Including Iceland and Greenland)			Investments		12,940,347
(14) Middle East and North Africa			Program Services	Grant Aid	216,748
(15) Middle East and North Africa			Program Services	Recruitment	6,486
(16) North America			Program Services	Grant Aid	86,506
(17) North America			Program Services	Research	30,133
(18) North America			Program Services	Recruitment	2,665
(19) Russia and the Newly Independent States			Program Services	Grant Aid	252,360
(20) Russia and the Newly Independent States			Program Services	Research	2,750
(21) South America			Program Services	Grant Aid	42,380
(22) South America			Program Services	Research	2,308
(23) South Asia			Program Services	Research	4,633
(24) South Asia			Program Services	Grant Aid	2,633,104
(25) South Asia			Program Services	Recruitment	19,916
(26) South Asia			Fundraising	Alumnae Meetings	6,648
(27) Sub-Saharan Africa			Program Services	Grant Aid	1,073,745
(28) Sub-Saharan Africa			Program Services	Research	11,079
(29) Middle East and North Africa			Fundraising	Alumnae Meetings	2,132
(30) Sub-Saharan Africa			Program Services	Study Abroad	7,339
3a Sub-total	1	1			291,447,095
b Total from continuation sheets to Part I					4,061,059
c Totals (add lines 3a and 3b)	1	1			295,508,154

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Financial Assistance	Central America and the Caribbean	4	138,464	Acct Credit			
(2) Financial Assistance	Europe (Including Iceland and Greenland)	7	251,257	Acct Credit			
(3) Financial Assistance	East Asia and the Pacific	151	3,292,799	Acct Credit			
(4) Financial Assistance	Middle East and North Africa	6	216,748	Acct Credit			
(5) Financial Assistance	North America	4	86,506	Acct Credit			
(6) Financial Assistance	Russia and the Newly Independent States	6	252,360	Acct Credit			
(7) Financial Assistance	South America	1	42,380	Acct Credit			
(8) Financial Assistance	South Asia	86	2,633,104	Acct Credit			
(9) Financial Assistance	Sub-Saharan Africa	33	1,073,745	Acct Credit			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

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

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

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event # 1	(b) Event # 2	(c) Other events	(d) Total events
	FrndofAthletics (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
1 Gross receipts	24,025			24,025
2 Less: Contributions	15,545			15,545
3 Gross income (line 1 minus line 2)	8,480			8,480
4 Cash prizes				
5 Noncash prizes	500			500
6 Rent/facility costs				
7 Food and beverages	3,073			3,073
8 Entertainment				
9 Other direct expenses	2,031			2,031
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,604
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				2,876

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Columbia University PO Box 29789 New York, NY 100879789	13-5598093	501(c)(3)	24,036				Sub-award for grant research Sub-award for grant research
(2) Town of South Hadley 116 Main Street South Hadley, MA 01075	04-6001303	115	60,000				Support for fire dept capital equip fund Support for fire dept capital equip fund
(3) Five Colleges Incorporated 97 Spring Street Amherst, MA 010022324	04-6134696	501(c)(3)	25,346				Supt for Five Coll Ctr for Study-WidLan Supt for Five Coll Ctr for Study-WidLan
(4) WFCR Hampshire House Amherst, MA 01003	04-6130523	501(c)(3)	11,543				Gen support for local public radio statn Gen support for local public radio statn

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Fin aid&fellowships for US citizens for tuit,rm,bd	1356	46,668,447			
(2) HIGHER EDUCATION EMERGENCY RELIEF FUND GRANTS	816	707,800			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	<p>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, 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 OR DIRECT DEPOSIT TO THE STUDENT'S BANK ACCOUNT. THE STUDENT INITIATES THIS REFUND PROCESS BY SUBMITTING A COMPLETED DISBURSEMENT FORM OR CREDIT BALANCE/REFUND 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. THREE 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 MAKES DONATIONS TO SUPPORT THE TOWN OR NONPROFIT ORGANIZATIONS. IN THESE INSTANCES, THE COLLEGE GENERALLY DOES NOT MONITOR THE ULTIMATE USE OF THE FUNDS AS THESE AMOUNTS ARE UNRESTRICTED GRANTS TO MUNICIPALITIES AND ORGANIZATIONS THAT ARE RECOGNIZED AS BEING DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). IN CERTAIN INSTANCES WHEN THE COLLEGE GRANTS FUNDS FOR SPECIFIED USE BY THE TOWN, THE COLLEGE MAINTAINS A WRITTEN AGREEMENT THAT SUCH GRANT WILL BE USED FOR THE DESIGNATED PURPOSE.</p>
PART III, LINE 2	<p>FEDERAL CARES ACT HIGHER EDUCATION EMERGENCY RELIEF FUND EMERGENCY STUDENT AID As a result of the pandemic, the College was awarded \$794,402 from the Higher Education Emergency Relief Fund (HEERF) during the fiscal year ended June 30, 2020. The funding was to provide emergency relief to students for expenses related to the disruption of campus operations due to COVID-19. The College disbursed \$707,800 of the total received for students to assist students in their transition to remote learning, with the remaining \$86,602 to be utilized in fiscal year 2021. The College was awarded an additional \$794,401 from the HEERF to support institutional expenditures relating to the pandemic. The College utilized \$707,800 in fiscal year 2020 and will utilize the balance for pandemic related costs in fiscal year 2021.</p>

Additional Data

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number 04-2103578

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

Table with 3 columns: Question ID, Yes, No. Row 1b: Yes

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

Table with 3 columns: Question ID, Yes, No. Row 2: Yes

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Table with 3 columns: Question ID, Yes, No. Row 4a: No, Row 4b: No, Row 4c: No

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

Table with 3 columns: Question ID, Yes, No. Row 5a: No, Row 5b: No

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

Table with 3 columns: Question ID, Yes, No. Row 6a: No, Row 6b: No

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

Table with 3 columns: Question ID, Yes, No. Row 7: No

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Table with 3 columns: Question ID, Yes, No. Row 8: No

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

Table with 3 columns: Question ID, Yes, No. Row 9: No

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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Sonya Stephens President	(i)	491,145		90,713	29,400	57,080	668,338	
	(ii)	0	0	0	0	0	0	0
2 Shannon D Gurek VP for FIN & Admin & Treasurer	(i)	297,824			29,400	18,846	346,070	
	(ii)	0	0	0	0	0	0	0
3 Kassandra Jolley VP for Adv&Acting VP for Comm	(i)	270,304		9,000	29,400	19,679	328,383	
	(ii)	0	0	0	0	0	0	0
4 Jon Western VP for Acad Aff & Dean Faculty	(i)	241,727			26,171	59,415	327,313	
	(ii)	0	0	0	0	0	0	0
5 Eva Paus PROFESSOR OF ECONOMICS	(i)	196,160			20,828	22,945	239,933	
	(ii)	0	0	0	0	0	0	0
6 Robin Randall VP for Enrollment Management	(i)	195,299	0	0	21,088	20,078	236,465	
	(ii)	0	0	0	0	0	0	0
7 Marcella Runell Hall VP for Stud Life & Dean of Std	(i)	192,865	0	0	20,892	36,598	250,355	
	(ii)	0	0	0	0	0	0	0
8 Keith Michel ASSOCIATE VP FOR DEVELOPMENT	(i)	188,898	0	0	20,498	21,739	231,135	
	(ii)	0	0	0	0	0	0	0
9 Charles Greene II VP for Communications & Mktg	(i)	188,145	0	0	18,974	24,222	231,341	
	(ii)	0	0	0	0	0	0	0
10 Alexander Wirth-Cauchon CIO&Exec Dir Of Lib Info&Tech	(i)	187,186	0	0	20,187	16,579	223,952	
	(ii)	0	0	0	0	0	0	0
11 Amy Martin Professor OF English	(i)	177,478	0	0	19,276	21,447	218,201	
	(ii)	0	0	0	0	0	0	0
12 Valerie Barr Professor of Computer Science	(i)	176,392	0	0	19,547	18,285	214,224	
	(ii)	0	0	0	0	0	0	0
13 Kijua Sanders-McMurtry VP for Equity&Inclusion&CDO	(i)	171,777	0	9,875	18,559	13,489	213,700	
	(ii)	0	0	0	0	0	0	0
14 LENORE REILLY Secretary of the College	(i)	153,417	0	0	16,319	8,225	177,961	
	(ii)	0	0	0	0	0	0	0

Part III 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
PART I, LINE 1A	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 CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE COLLEGE, COLLEGE OWNED OR LEASED HOUSING IS PROVIDED TO THE PRESIDENT AND THE VICE PRESIDENT FOR STUDENT LIFE AND DEAN OF STUDENTS TO FULFILL THESE DUTIES. SUCH HOUSING PROVIDED TO THE PRESIDENT IS APPROVED BY THE BOARD OF TRUSTEES AND HOUSING PROVIDED TO OTHER SENIOR ADMINISTRATORS IS APPROVED BY THE PRESIDENT. FOR THE PRESIDENT'S HOUSE, THE COLLEGE PROVIDES CUSTODIAL PERSONNEL AND APPROPRIATE EQUIPMENT AND SUPPLIES NECESSARY TO KEEP THE RESIDENCE'S APPEARANCE AND CLEANLINESS AT ACCEPTABLE STANDARDS. THE COST FOR TIME SPENT CLEANING THE PERSONAL QUARTERS OF THE PRESIDENT'S HOUSE IS INCLUDED IN THE FORM W-2 OF THE PRESIDENT.
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.

Additional Data

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	MA Development Finance Agcy-MHC Issue Series 2016A	04-3431814	000000000	03-24-2016	26,000,000	CONSTRUCTION		X		X		X
B	MA Development Finance Agcy-MHC Issue Series 2016B	04-3431814	000000000	11-30-2016	33,755,000	To refund 2008 bond issue		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	915,000						
2	Amount of bonds legally defeased	0	0						
3	Total proceeds of issue	26,210,204	33,755,000						
4	Gross proceeds in reserve funds	0	0						
5	Capitalized interest from proceeds	0	0						
6	Proceeds in refunding escrows	0	0						
7	Issuance costs from proceeds	238,907	226,338						
8	Credit enhancement from proceeds	0	0						
9	Working capital expenditures from proceeds	0	0						
10	Capital expenditures from proceeds	25,971,297	0						
11	Other spent proceeds	0	33,528,662						
12	Other unspent proceeds	0	0						
13	Year of substantial completion	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0.930 %							
6 Total of lines 4 and 5	0.930 %							
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
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?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	0		0					
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
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		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		X					

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

Return Reference	Explanation
PART II, LINE 3	03/24/2016 \$26,000,000 Bond: The Series 2016A bond was issued in the stated principal amount of \$26,000,000. The total of this issue (plus the investment earnings of \$210,204) agrees to the amount reported on Line 3 of Part II, Column A.
PART IV, LINE 2C	MA Development Finance Agency-MHC Issue Series 2016A - Date the rebate computation was performed: 02/29/2020 MA Development Finance Agency-MHC Issue Series 2016B - Date the rebate computation was performed: 11/30/2020 Rebate calculations: For the applicable bonds listed above in the Part IV, Arbitrage, Line 2c statement, the College contracted with a third party to prepare the rebate calculations on the dates as reported above for each respective bond issue.

Additional Data

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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number 04-2103578

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Adage Capital Management	Trustee's husband	1,091,625	Investment		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 1	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.

Additional Data

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number
04-2103578

Part I 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 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	3	284,500	Opinions of experts
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	192	2,428,986	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29 4

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	USE OF THIRD PARTIES 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.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 THE MISSION OF MOUNT HOLYOKE COLLEGE IS TO PROVIDE AN INTELLECTUALLY ADVENTUROUS EDUCATION IN THE LIBERAL ARTS AND SCIENCES THROUGH ACADEMIC PROGRAMS RECOGNIZED INTERNATIONALLY FOR THEIR EXCELLENCE AND RANGE; TO DRAW STUDENTS FROM ALL BACKGROUNDS INTO AN EXCEPTIONALLY DIVERSE AND INCLUSIVE LEARNING COMMUNITY WITH HIGHLY ACCOMPLISHED, COMMITTED, AND RESPONSIVE FACULTY AND STAFF; TO CONTINUE BUILDING ON THE COLLEGE'S HISTORIC LEGACY OF LEADERSHIP IN THE EDUCATION OF WOMEN; AND TO PREPARE STUDENTS, THROUGH A LIBERAL EDUCATION INTEGRATING CURRICULUM AND CAREERS, FOR LIVES OF THOUGHTFUL, EFFECTIVE, AND PURPOSEFUL ENGAGEMENT IN THE WORLD. ORGANIZATION'S MISSION FORM 990, PART III, LINE 1 MOUNT HOLYOKE COLLEGE IS A HIGHLY SELECTIVE, NONDENOMINATIONAL, RESIDENTIAL, LIBERAL ARTS RESEARCH COLLEGE. THE COLLEGE'S LONG, DISTINGUISHED HISTORY OF EDUCATING LEADERS ARISES FROM A POWERFUL COMBINATION OF ACADEMIC EXCELLENCE IN A GLOBAL LEARNING ENVIRONMENT. AS THE FIRST OF THE SEVEN SISTERS - THE FEMALE EQUIVALENT OF THE ONCE PREDOMINANTLY MALE IVY LEAGUE - MOUNT HOLYOKE HAS LED THE WAY IN WOMEN'S EDUCATION, PREPARING STUDENTS FOR PURPOSEFUL ENGAGEMENT IN THE WORLD.
PART VI, LINE 4	In September 2019, the bylaws were amended to reflect the following significant change: The Advancement Committee was renamed the College Relations Committee and consequently, the duties of this committee broadened significantly. This new committee oversees the College's fund raising activities, alumnae engagement, internal and external communications, and public relations strategy. As a result, the College Enrollment Committee no longer oversees the marketing, communications, and public relations activities of the College. PART VI, SECTION A, LINE 7A MEMBERS OF THE ORGANIZATION 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.
PART VI, SECTION B, LINE 11B	FORM 990 REVIEW 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.
PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCEMENT OF CONFLICT POLICY 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 WEBSITE. 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 WEBSITE. THE INFORMATION ON THE SUBMITTED FORMS IS SUMMARIZED BY THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION AND TREASURER WHO PROVIDES A COPY OF THE SUMMARY TO THE AUDIT COMMITTEE ANNUALLY. THE AUDIT COMMITTEE REVIEWS THE INFORMATION DISCLOSED AND ADVISES THE PRESIDENT AND THE CHAIR OF THE BOARD AS TO POTENTIAL CONFLICTS. THE AUDIT COMMITTEE MAY, AT ITS DISCRETION, DELEGATE THIS ANNUAL REVIEW TO THE CHAIR OF THE COMMITTEE. BY SIGNING THE ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM, EACH INDIVIDUAL AGREES TO ANSWER ANY QUESTIONS THAT BOARD MEMBERS MAY HAVE ABOUT POTENTIAL CONFLICTS.
PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL ANNUALLY, THE HUMAN RESOURCES DEPARTMENT ASSEMBLES COMPARATIVE SALARY DATA FOR ALL SENIOR/EXECUTIVE POSITIONS AT THE COLLEGE INCLUDING: PRESIDENT AND ALL VICE PRESIDENTS AND THE SECRETARY OF THE COLLEGE. THIS PROCESS WAS LAST UNDERTAKEN IN MAY 2020 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 HAVING A SIMILAR ENDOWMENT VALUE AND FALLING WITHIN A COMPARABLE BUDGET QUARTILE AS THAT OF MOUNT HOLYOKE COLLEGE. 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 MADE. THE CHAIR OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE OVERSIGHT OF THE REVIEW OF

Return Reference	Explanation
	<p>PERFORMANCE OF THE PRESIDENT. THE PRESIDENT IS RESPONSIBLE FOR OVERSIGHT OF PERFORMANCE MANAGEMENT FOR THE VICE PRESIDENTS. WITH REGARD TO THE PRESIDENT'S COMPENSATION, IN ADDITION TO COMPARATIVE PEER SALARY DATA, THE HUMAN RESOURCES DEPARTMENT ALSO ASSEMBLES A SUMMARY REPORT OF PRESIDENTIAL "TOTAL" SALARY. THIS REPORT IS ALSO REVIEWED BY AND DISCUSSED WITH THE NOMINATING AND GOVERNANCE COMMITTEE AND IS DISCUSSED WITH THE ENTIRE BOARD IN THEIR EXECUTIVE SESSION. THE PROCESS FOR DETERMINING THE COMPENSATION OF THE COLLEGE'S OFFICERS MEETS THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD. THE COMPENSATION ARRANGEMENTS ARE APPROVED IN ADVANCE BY THE ORGANIZATION'S NOMINATING AND GOVERNANCE COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF TRUSTEES FOR THE PURPOSE OF ASSISTING THE BOARD IN FULFILLING ITS RESPONSIBILITY TO THE COLLEGE AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE COLLEGE'S POLICIES. AS MENTIONED, PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE NOMINATING AND GOVERNANCE COMMITTEE OBTAINS AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE UTILIZES COMPENSATION SURVEYS THAT INCLUDE COMPARABLE INSTITUTIONS TO SET COMPENSATION LEVELS. FINALLY, THE NOMINATING AND GOVERNANCE COMMITTEE ADEQUATELY AND TIMELY DOCUMENTS THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.</p>
<p>PART VI, SECTION C, LINE 19</p>	<p>AVAILABILITY OF DOCUMENTS THE COLLEGE MAKES ITS BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE MOUNT HOLYOKE COLLEGE WEBSITE. IN ADDITION, THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE WEBSITE OF THE MASSACHUSETTS ATTORNEY GENERAL.</p>
<p>PART XI, LINE 9</p>	<p>WILLITS HALLOWELL CENTER SUPPORT (491,495) CHANGE IN VALUE OF INTEREST RATE SWAPS (1,545,253) CHANGE IN FAS 158 PENSION LIABILITY (2,745,722) PENSION SETTLEMENT COST (606,944) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 455,076 ----- TOTAL (4,934,338)</p>

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Willits Hallowell Center Inc c/o MHC 50 College St South Hadley, MA 01075 04-2565823	MHC Meetings	MA	501(c)(3)	12B,TYPE II	MHC	Yes	
(2) Alumnae Assoc of Mount Holyoke College c/o MHC 50 College St South Hadley, MA 01075 04-2105894	Alumnae Netwk	MA	501(c)(3)	12A, TYPE I	NA		No
(3) Associated Kyoto Program Inc c/o Oberlin College 70 N Professo Oberlin, OH 44074 04-2996114	Educ. Exchge	MA	501(c)(3)	12C,TYPEIII	NA		No
(4) Center Redevelopment Corporation 17 College Street South Hadley, MA 01075 04-2939950	Real Estate	MA	501(c)(3)	12A, TYPE I	MHC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) The Center Business Corporation 17 College Street South Hadley, MA 01075 04-2983326	Small businessinv	MA	MHC	C Corp	-565	7,982	100.000 %	Yes	
(2) Charitable Remainder Unitrusts (19) c/o Mount Holyoke College 50 Colle South Hadley, MA 01075	Charitable Trust	MA	MHC	Trust				Yes	
(3) Charitable Remainder Unitrust Make Up(1) c/o Mount Holyoke College 50 Colle South Hadley, MA 01075	Charitable Trust	MA	MHC	Trust				Yes	
(4) Perpetual Trust (1) c/o Mount Holyoke College 50 Colle South Hadley, MA 01075	Charitable Trust	MA	MHC	Trust				Yes	
(5) Pooled Income Funds (2) c/o Mount Holyoke College 50 Colle South Hadley, MA 01075	Charitable Trust	MA	MHC	Trust				Yes	

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Willits Hallowell Center	l	132,344	Overhead Alloc.
(2) Willits Hallowell Center	m	298,326	Internal Sales
(3) Willits Hallowell Center	n	350,000	Est'd FMV- Bldg
(4) Willits Hallowell Center	r	491,495	Willits Subsidy
(5) Pooled Income Funds (2)	s	259,021	Mandatory Trans
(6) Charitable Remainder Unitrusts (19)	s	263,902	Mandatory Trans

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) 2019

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