

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE TRUSTEES OF MOUNT HOLYOKE COLLEGE
Doing business as MOUNT HOLYOKE COLLEGE
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 COLLEGE STREET
City or town, state or province, country, and ZIP or foreign postal code SOUTH HADLEY, MA 01075

D Employer identification number 04-2103578
E Telephone number (413) 538-3674
G Gross receipts \$ 329,809,184

F Name and address of principal officer: DANIELLE R HOLLEY 50 COLLEGE STREET SOUTH HADLEY, MA 01075

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

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

J Website: WWW.MTHOLYOKE.EDU

K Form of organization: Corporation Trust Association Other

L Year of formation: 1836 M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: 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.

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 30. 4 Number of independent voting members of the governing body (Part VI, line 1b) 29. 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 2,951. 6 Total number of volunteers (estimate if necessary) 818. 7a Total unrelated business revenue from Part VIII, column (C), line 12 -1,197,019. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 49,095,962 27,553,928. 9 Program service revenue (Part VIII, line 2g) 158,881,407 161,061,284. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,460,953 88,048,476. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,439,463 7,253,061. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 215,955,879 283,916,749.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 67,498,176 67,815,874. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 95,038,860 101,128,851. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 7,433,291. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,374,562 66,326,482. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 223,911,598 235,271,207. 19 Revenue less expenses. Subtract line 18 from line 12 -7,955,719 48,645,542.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 1,335,059,510 1,439,685,614. 21 Total liabilities (Part X, line 26) 213,426,426 276,198,062. 22 Net assets or fund balances. Subtract line 21 from line 20 1,121,633,084 1,163,487,552.

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 CARL M RIES VP FIN & ADMIN, TREAS. Date 2024-05-13

Paid Preparer Use Only: Print/Type preparer's name Preparer's signature Date 2024-05-10 Check if self-employed PTIN P01085371 Firm's name KPMG LLP Firm's EIN 13-5565207 Firm's address 60 SOUTH STREET TWO FINANCIAL CENTER BOSTON, MA 02111 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 \$ **154,417,897** including grants of \$ **67,815,874**) (Revenue \$ **132,981,644**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **32,097,616** including grants of \$ **0**) (Revenue \$ **17,541,337**)
SEE SCHEDULE O

4c (Code:) (Expenses \$ **12,619,402** including grants of \$ **0**) (Revenue \$ **17,136,800**)
SEE SCHEDULE O

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

4e Total program service expenses **199,134,915**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Questions cover topics like organizational type, lobbying, donor funds, and fundraising activities.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3,096	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,951
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Yes
b If "Yes," enter the name of the foreign country: FR
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
d If "Yes," indicate the number of Forms 8282 filed during the year 7d
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966? 9a
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12 10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders 11a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? 16 No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17
If "Yes," complete Form 6069.

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 columns: Question, Yes, No. Rows include: 1a (30), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BEVERLY DANIEL TATUM PRESIDENT	66.00 1.00	X		X			278,709	0	24,297	
(2) KIRA BANKS TRUSTEE	2.50 0.10	X					0	0	0	
(3) ASHANTA EVANS BLACKWELL TRUSTEE	2.50 0.10	X					0	0	0	
(4) KATHERINE E COLLINS VICE CHAIR	4.50 0.10	X					0	0	0	
(5) ROBERTA CORDANO TRUSTEE	2.50 0.10	X					0	0	0	
(6) SALLY DURDAN TRUSTEE	4.50 0.10	X					0	0	0	
(7) ADAM FALK TRUSTEE	2.50 0.10	X					0	0	0	
(8) CARRIANNA K FIELD TRUSTEE	4.50 0.10	X					0	0	0	
(9) ELLEN J FLANNERY TRUSTEE	4.50 0.20	X					0	0	0	
(10) MARY HUGHES TRUSTEE	4.50 0.10	X					0	0	0	
(11) RHYNETTE NORTHCROSS HURD VICE CHAIR	4.50 0.10	X					0	0	0	
(12) FARAH KHAN TRUSTEE	4.50 0.10	X					0	0	0	
(13) MONICA LANDRY TRUSTEE	4.50 0.10	X					0	0	0	
(14) JOUD MAR'I TRUSTEE	2.50 0.10	X					0	0	0	
(15) KC MAURER TRUSTEE	4.50 0.10	X					0	0	0	
(16) ANNE MCKENNY TRUSTEE	4.50 0.10	X					0	0	0	
(17) AVICE MEEHAN TRUSTEE	2.50 2.10	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(18) LOURDES MELGAR TRUSTEE	2.50 0.10	X					0	0	0
(19) NATASHA MOHANTY TRUSTEE	2.50 0.10	X					0	0	0
(20) HALLIE NATH TRUSTEE	4.50 0.10	X					0	0	0
(21) ELLEN HYDE PACE TRUSTEE	2.50 10.10	X					0	0	0
(22) RAJ SESHADRI TRUSTEE	2.50 0.10	X					0	0	0
(23) SHELLEY WEINER SHEINKOPF TRUSTEE	2.50 0.10	X					0	0	0
(24) KARENA STRELLA CHAIR	9.00 0.10	X					0	0	0
(25) MONA SUTPHEN TRUSTEE	2.50 0.10	X					0	0	0
(26) MICHELLE TOH TRUSTEE	2.50 0.10	X					0	0	0
(27) LOUISE WASSO TRUSTEE	4.50 0.10	X					0	0	0
(28) ELIZABETH WEATHERMAN TRUSTEE	7.00 0.10	X					0	0	0
(29) SARAH WELLS TRUSTEE	2.50 0.10	X					0	0	0
(30) SHIRLEY WILCHER TRUSTEE	2.50 0.10	X					0	0	0
(31) KASSANDRA JOLLEY VP FOR COLLEGE RELATIONS	55.00 0.00			X			354,181	0	55,637
(32) KIJUA SANDERS-MCMURTRY VP FOR EQUITY & INCLUSION & CDO	55.00 0.00			X			256,711	0	37,975
(33) MARCELLA RUNELL HALL VP FOR STUD LIFE & DEAN OF STUDTS	55.00 0.00			X			215,451	0	64,100
(34) ROBIN RANDALL VP FOR ENROLLMENT MANAGEMENT	55.00 0.00			X			225,713	0	44,485
(35) PATRICIA GALLAGHER TREASURER	55.00 1.00			X			191,856	0	59,733
(36) BETT SCHUMACHER SECRETARY OF THE COLLEGE	55.00 1.00			X			204,489	0	43,469
(37) AMBER DOUGLAS VP FOR STUD SUCC & DEAN OF THE COLL	55.00 0.00			X			186,387	0	23,054
(38) LISA SULLIVAN PROVOST & DEAN OF FACULTY	55.00 0.00			X			170,271	0	28,631
(39) MARY JO MAYDEW VP FOR FINANCE AND ADMINISTRATION	55.00 0.00			X			52,500	0	5,586
(40) ANA YANKOVA CHIEF INVESTMENT OFFICER	50.00 0.00				X		498,849	0	58,997
(41) KEITH MICHEL ASSOCIATE VP FOR DEVELOPMENT	50.00 0.00					X	225,789	0	48,035
(42) ALEXANDER WIRTH-CAUCHON CIO & EXEC DIR-LIB INFO & TECH SVCS	55.00 0.00					X	214,380	0	47,682
(43) THOMAS COTE ASSOCIATE DIRECTOR OF INVESTMENTS	50.00 0.00					X	203,699	0	45,525
(44) PENNLOPE DAVIS ASSOCIATE VP FOR HR	50.00 0.00					X	186,145	0	42,686
(45) CARMEN YULIN CRUZ SOTO DISTINGUISHED FELLOW LEADERSHIP	50.00 0.00					X	180,601	0	26,325
(46) SONYA STEPHENS FMR PRESIDENT	0.00 0.00					X	798,177	0	68,982
(47) SHANNON GUREK FMR VP FOR FIN & ADMIN & TREAS	0.00 0.00					X	312,900	0	49,047
(48) DOROTHY E KNIGHT-MOSBY FMR VP ACAD AFF & DEAN OF FACULTY	0.00 0.00					X	266,276	0	31,789
(49) LENORE REILLY FMR SECRETARY OF THE COLLEGE	0.00 0.00					X	129,624	0	24,015
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						5,152,708	0	830,050	

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 **▶ 150**

	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>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 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>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMPUSWORKS INC PO BOX 735111 CHICAGO, IL 60673	EDUCATIONAL CONSULTING	798,260
CAMBRIDGE ASSOCIATES LLC 100 SUMMER STREET BOSTON, MA 02110	INVESTMENT CONSULTING	781,750
SALAS O'BRIEN NORTH LLC 2720 ARBOR COURT EAU CLAIRE, WI 54701	ENGINEERING CONSULTING	582,398
SERVPRO OF THE SEACOAST 74 INDUSTRIAL PARK DOVER, NH 03820	WATER RESTORATION SERVICES	444,104
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE FLOOR 42 NEW YORK, NY 10017	INVESTMENT MANAGEMENT	412,067

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 **▶ 35**

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				
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)			5,104,269	
f All other contributions, gifts, grants, and similar amounts not included above			22,449,659	
g Noncash contributions included in lines 1a - 1f:\$			1,458,830	
h Total. Add lines 1a-1f				27,553,928

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
2a TUITION AND FEES		611310	126,448,482	126,448,482		
b ROOM AND OTHER BOARD		611310	34,594,204	34,594,204		
c EDUCATIONAL PERFORMANCES		611310	18,598	18,598		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			161,061,284			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,753,178		-2,195,388	4,948,566	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	665,909					
		(ii) Personal						
		b Less: rental expenses	450,933					
		c Rental income or (loss)	214,976					
	d Net rental income or (loss)			214,976			214,976	
	7a Gross amount from sales of assets other than inventory	(i) Securities	129,740,127	832,410				
		(ii) Other						
		b Less: cost or other basis and sales expenses	45,277,239	0				
		c Gain or (loss)	84,462,888	832,410				
	d Net gain or (loss)			85,295,298		558,781	84,736,517	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		b Less: direct expenses						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19								
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances			248,196					
	b Less: cost of goods sold		164,263					
	c Net income or (loss) from sales of inventory			83,933	83,933			

Other Revenue Misc Amt		Business Code				
			(A)	(B)	(C)	(D)
11a STUDENT HEALTH INSURANCE FEES		900009	2,814,154	2,814,154		
b EDUCATIONAL CONFERENCES		721000	1,727,611	1,311,848	415,763	
c FIVE COLLEGE REIMBURSEMENTS		611710	480,766	480,766		
d All other revenue			1,931,621	1,907,796	23,825	
e Total. Add lines 11a-11d			6,954,152			
12 Total revenue. See instructions			283,916,749	167,659,781	-1,197,019	89,900,059

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	65,707	65,707		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	56,421,751	56,421,751		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	11,328,416	11,328,416		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,335,673	1,182,473	1,743,312	409,888
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	102,532	102,532		
7 Other salaries and wages	72,172,475	62,293,354	6,882,744	2,996,377
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,655,452	6,608,952	728,799	317,701
9 Other employee benefits	12,691,670	10,956,719	1,208,247	526,704
10 Payroll taxes	5,171,049	4,464,166	492,284	214,599
11 Fees for services (non-employees):				
a Management	1,329,464	297,228	905,429	126,807
b Legal	441,524	84,240	357,284	
c Accounting	265,300		265,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,031,173		7,031,173	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,688,761	3,719,702	2,736,502	232,557
12 Advertising and promotion	113,624	91,981	20,918	725
13 Office expenses	5,326,960	3,659,621	1,487,469	179,870
14 Information technology	1,485,249	712,571	765,980	6,698
15 Royalties	3,308	2,070	1,238	
16 Occupancy	4,583,959	4,185,250	212,523	186,186
17 Travel	1,474,279	1,098,077	284,795	91,407
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	302,783	238,834	56,400	7,549
20 Interest	5,233,942	5,044,665	74,291	114,986
21 Payments to affiliates	430,741	259,037	171,572	132
22 Depreciation, depletion, and amortization	11,578,510	11,165,010	162,298	251,202
23 Insurance	4,878,504	3,390,742	1,454,321	33,441
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 EQUIP REPAIRS & MAINTEN	5,235,004	4,899,026	307,650	28,328
b LIBRARY MATERIALS	1,986,325	1,986,325		
c ALUMNAE ASSOCIATION SUP	1,597,393			1,597,393
d ALLOCATED EXPENSES	0	231,375	-231,375	
e All other expenses	6,339,679	4,645,091	1,583,847	110,741
25 Total functional expenses. Add lines 1 through 24e	235,271,207	199,134,915	28,703,001	7,433,291
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) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	47,967,399	2	108,050,885
	3 Pledges and grants receivable, net	24,499,653	3	24,871,973
	4 Accounts receivable, net	1,715,519	4	1,940,499
	5 Loans and other receivables from 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	888,131	8	821,516
	9 Prepaid expenses and deferred charges	2,713,343	9	2,213,351
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 498,429,236		
	b Less: accumulated depreciation	10b 275,509,927	218,965,148	10c 222,919,309
	11 Investments—publicly traded securities	89,179,582	11	93,968,240
	12 Investments—other securities. See Part IV, line 11	938,141,950	12	975,464,896
	13 Investments—program-related. See Part IV, line 11	9,044,594	13	8,125,547
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	1,705,367	15	1,070,574
16 Total assets: Add lines 1 through 15 (must equal line 33)	1,335,059,510	16	1,439,685,614	
Liabilities	17 Accounts payable and accrued expenses	11,767,074	17	14,258,380
	18 Grants payable	0	18	0
	19 Deferred revenue	2,529,834	19	2,485,600
	20 Tax-exempt bond liabilities	57,897,731	20	91,844,242
	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	35,323,353	23	64,792,278
	24 Unsecured notes and loans payable to unrelated third parties	66,849,480	24	66,855,054
	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	39,058,954	25	35,962,508
	26 Total liabilities. Add lines 17 through 25	213,426,426	26	276,198,062
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	227,930,652	27	242,840,648
	28 Net assets with donor restrictions	893,702,432	28	920,646,904
	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	1,121,633,084	32	1,163,487,552
33 Total liabilities and net assets/fund balances	1,335,059,510	33	1,439,685,614	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue (283,916,749). Line 2: Total expenses (235,271,207). Line 3: Revenue less expenses (48,645,542). Line 4: Net assets at beginning (1,121,633,084). Line 5: Net unrealized gains (-8,652,235). Line 6: Donated services. Line 7: Investment expenses. Line 8: Prior period adjustments. Line 9: Other changes (1,861,161). Line 10: Net assets at end (1,163,487,552).

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (Yes). Row 3b: Required audit (Yes).

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.**

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).)
- 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 on 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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	24,513,999	21,777,455	54,224,304	49,095,962	27,553,928	177,165,648
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	24,513,999	21,777,455	54,224,304	49,095,962	27,553,928	177,165,648
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						22,110,904
6 Public support. Subtract line 5 from line 4.						155,054,744

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	24,513,999	21,777,455	54,224,304	49,095,962	27,553,928	177,165,648
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,236,968	6,117,940	7,730,355	1,501,622	5,614,475	32,201,360
9 Net income from unrelated business activities, whether or not the business is regularly carried on.				630,863		630,863
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	398,911	281,803	64,497	369,128	248,196	1,362,535
11 Total support. Add lines 7 through 10						211,360,406

12 Gross receipts from related activities, etc. (see instructions) **12** 739,903,515

13 First 5 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	73.360 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	67.340 %

- 16a 33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. 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.
b 33 1/3% support tests-2021. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above 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 lines 3a and 3b below.**

		Yes	No
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>If "Yes" or "No", 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 (<i>explain in detail in Part VI</i>): | | | |
| 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 0.015 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 0.035 | 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GROSS SALES OF INVENTORY - 2018 AMOUNT: \$ 398,911. 2019 AMOUNT: \$ 281,803. 2020 AMOUNT: \$ 64,497. 2021 AMOUNT: \$ 369,128. 2022 AMOUNT: \$ 248,196.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2022

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

Form 990-PF

- 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 33¹/₃% 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.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<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

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:

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
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:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; 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) 2018	(b) 2019	(c) 2020	(d) 2021	(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 required 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 1:	THE COLLEGE PAYS MEMBERSHIP DUES TO ORGANIZATIONS THAT ADDRESS STATE AND FEDERAL REGULATORY ISSUES FOR THE COLLECTIVE BENEFIT OF MEMBER-INSTITUTIONS. THE ORGANIZATIONS NOTIFY THE COLLEGE OF THE APPROXIMATE AMOUNT OF MEMBERSHIP DUES USED FOR LOBBYING EXPENSE.

Additional Data

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Supplemental Financial Statements

2022

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d, and questions 3-9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts.

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	1,002,548,528	1,068,049,889	789,036,745	794,203,693	777,739,103
b Contributions	10,418,475	34,225,385	26,392,885	4,962,890	8,507,067
c Net investment earnings, gains, and losses	76,432,150	-52,965,020	298,800,850	33,997,924	49,907,925
d Grants or scholarships	15,098,870	14,843,935	13,552,026	12,411,741	12,262,691
e Other expenditures for facilities and programs	27,516,146	22,512,389	22,976,363	23,641,557	22,959,616
f Administrative expenses	10,569,257	9,405,402	9,652,202	8,074,464	6,728,095
g End of year balance	1,036,214,880	1,002,548,528	1,068,049,889	789,036,745	794,203,693

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 17.000 %
 - b** Permanent endowment ▶ 35.000 %
 - c** Term endowment ▶ 48.000 %
- 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		31,742,611		31,742,611
b Buildings		198,027,810	85,543,763	112,484,047
c Leasehold improvements		147,867,501	78,232,101	69,635,400
d Equipment		54,066,575	51,715,510	2,351,065
e Other		66,724,739	60,018,553	6,706,186
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				222,919,309

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 MUTUAL/COMMINGLED FUNDS	17,645,556	F
(B) EQUITY MUTUAL/COMINGLED FUNDS	425,161,735	F
(C) HEDGE FUNDS	228,215,848	F
(D) PRIVATE EQUITY-REAL ASSETS	52,857,619	F
(E) VENTURE CAPITAL	228,515,024	F
(F) PRIVATE EQUITY-OTHER	19,965,526	F
(G) OTHER	3,103,588	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	975,464,896	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	35,962,508

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	269,275,937
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-8,652,235
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-6,567,343
e	Add lines 2a through 2d	2e	-15,219,578
3	Subtract line 2e from line 1	3	284,495,515
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	-578,766
c	Add lines 4a and 4b	4c	-578,766
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	283,916,749

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	227,451,620
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	2,831,529
e	Add lines 2a through 2d	2e	2,831,529
3	Subtract line 2e from line 1	3	224,620,091
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	10,651,116
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	10,651,116
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	235,271,207

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 (MHCAM). 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 NEXUS FOR INNOVATIVE OBJECT-BASED TEACHING AND EXPERIENTIAL LEARNING FOR THE COLLEGE, AREA SCHOOLS, AND BROADER COMMUNITIES. THE MHCAM PRODUCES SEVERAL ENGAGING EXHIBITIONS AND EVENTS EACH YEAR IN ADDITION TO ITS DISPLAY OF WORKS FROM THE PERMANENT COLLECTION. THE STAFF OF THE MOUNT HOLYOKE COLLEGE ART MUSEUM AIM TO SPARK INTELLECTUAL CURIOSITY AND FOSTER A LASTING PASSION FOR ART AND MATERIAL CULTURE THROUGH DIRECT ENGAGEMENT WITH THE MUSEUM'S COLLECTIONS, INCLUDING THE JOSEPH ALLEN SKINNER MUSEUM COLLECTION. IN SUPPORT OF THIS MISSION, THE MHCAM FOSTERS AN INCLUSIVE ENVIRONMENT FOR ACADEMIC EXPERIMENTATION, COMMUNITY BUILDING, AND SOCIAL ENJOYMENT.
PART V, LINE 4:	MOUNT HOLYOKE'S ENDOWMENT CONSISTS OF APPROXIMATELY 1,800 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 27% OF THE ENDOWMENT INCOME USED TO SUPPORT THE COLLEGE'S OPERATIONS IS UNRESTRICTED. MOST OF THE ENDOWED FUNDS CONTAIN SPECIFIC RESTRICTIONS FOR THE SUPPORT OF CRITICAL FUNCTIONS SUCH AS FINANCIAL AID FOR STUDENTS WITH DEMONSTRATED NEED, FACULTY SALARIES, LIBRARY PURCHASES, STUDENT AND FACULTY RESEARCH, INTERNSHIPS AND DEPARTMENTAL PROGRAMMING. ENDOWMENT INCOME PROVIDES APPROXIMATELY 28% 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. IN DECEMBER 2017, THE TAX CUTS AND JOBS ACT (THE "ACT") WAS ENACTED. THE ACT HAS SEVERAL PROVISIONS WHICH IMPACT THE COLLEGE INCLUDING NEW EXCISE TAXES ON NET INVESTMENT INCOME, CHANGES TO THE NET OPERATING LOSS RULES, AND THE REPORTING OF UNRELATED BUSINESS TAXABLE INCOME FOR EACH UNRELATED TRADE OR BUSINESS. THE COLLEGE IS SUBJECT TO FEDERAL EXCISE TAX IMPOSED ON COLLEGES AND UNIVERSITIES IF CERTAIN CONDITIONS ARE MET, INCLUDING A NON-EXEMPT USE ASSET PER STUDENT RATIO. THE THRESHOLD WAS MET IN FISCAL YEAR 2023, AND THEREFORE THE COLLEGE WILL BE SUBJECT TO THE EXCISE TAX OF 1.4% ON NET INVESTMENT INCOME IN FISCAL YEAR 2024. AS DEFINED UNDER FEDERAL LAW, NET INVESTMENT INCOME INCLUDES INTEREST, DIVIDENDS, AND NET REALIZED GAINS ON SALES OF INVESTMENTS. 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 1,674,053. ENDOWMENT EXPENSES -10,651,116. CHANGE IN FAS PENSION OBLIGATION 2,535,078. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -479,486. CHANGE IN VALUE OF INTEREST RATE SWAPS 354,128.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -164,263. FACULTY HOUSING EXPENSE -414,503.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	WILLITS HALLOWELL CENTER EXPENSE 2,252,763. COST OF GOODS SOLD 164,263. FACULTY HOUSING EXPENSE 414,503.
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, 2023 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.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2022

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?	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?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has a solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	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.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b 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.		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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	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
SCHEDULE E, PART I, LINE 3	THE COLLEGE FOLLOWS A NONDISCRIMINATORY POLICY TOWARD STUDENTS, FACULTY AND STAFF, AND WITH REGARD TO STUDENTS, INCLUDES THIS POLICY IN MOST BROCHURES AND 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 2,264 STUDENTS WHO HAIL FROM 49 STATES AND 53 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 23% WHO ARE INTERNATIONAL CITIZENS. OUT OF DOMESTIC STUDENTS, 32% IDENTIFY AS AFRICAN AMERICAN, NATIVE AMERICAN, ASIAN, LATINA, OR MULTIRACIAL.
SCHEDULE E, PART I, LINE 6	THE COLLEGE RECEIVES FEDERAL GRANTS FOR FACULTY RESEARCH AND STUDENT SCHOLARSHIPS.

Schedule E (Form 990) (2022)

Additional Data**Return to Form****Software ID:****Software Version:**

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.

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 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	SCHOLARSHIP ASSISTANCE	75
(2) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RESEARCH	1,689
(3) CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	RECRUITMENT	2,430
(4) CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		423,053,967
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	4,281,535
(6) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	12,854
(7) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RESEARCH	57,443
(8) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	RECRUITMENT	15,753
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	RESEARCH	88,559
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	461,184
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	1	PROGRAM SERVICES	STUDY ABROAD	259,621
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)			FUNDRAISING	ALUMNAE MEETINGS	22,331
(13) EUROPE (INCLUDING ICELAND AND GREENLAND)			PROGRAM SERVICES	RECRUITMENT	8,928
(14) EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		4,928,665
(15) MIDDLE EAST AND NORTH AFRICA			FUNDRAISING	ALUMNAE MEETINGS	22,511
(16) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	438,996
(17) NORTH AMERICA			PROGRAM SERVICES	RESEARCH	28,328
(18) NORTH AMERICA			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	177,227
(19) RUSSIA AND THE NEWLY INDEPENDENT STATES			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	311,919
(20) SOUTH AMERICA			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	298,169
(21) SOUTH AMERICA			PROGRAM SERVICES	RESEARCH	5,450
(22) SOUTH AMERICA			PROGRAM SERVICES	RECRUITMENT	1,261
(23) SOUTH ASIA			PROGRAM SERVICES	RESEARCH	8,731
(24) SOUTH ASIA			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	3,388,639
(25) SOUTH ASIA			PROGRAM SERVICES	RECRUITMENT	8,903
(26) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RESEARCH	5,186
(27) SUB-SAHARAN AFRICA			PROGRAM SERVICES	SCHOLARSHIP ASSISTANCE	1,970,672
(28) SUB-SAHARAN AFRICA			PROGRAM SERVICES	RECRUITMENT	6,208
(29) SUB-SAHARAN AFRICA			INVESTMENTS		1,062,906
3a Sub-total	0	0			427,425,746
b Total from continuation sheets to Part I	1	1			13,504,394
c Totals (add lines 3a and 3b)	1	1			440,930,140

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	1	75	ACCT CREDIT			
(2) FINANCIAL ASSISTANCE	EUROPE (INCLUDING ICELAND AND GREENLAND)	13	461,184	ACCT CREDIT			
(3) FINANCIAL ASSISTANCE	EAST ASIA AND THE PACIFIC	159	4,281,535	ACCT CREDIT			
(4) FINANCIAL ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	12	438,996	ACCT CREDIT			
(5) FINANCIAL ASSISTANCE	NORTH AMERICA	5	177,227	ACCT CREDIT			
(6) FINANCIAL ASSISTANCE	RUSSIA AND THE NEWLY INDEPENDENT STATES	8	311,919	ACCT CREDIT			
(7) FINANCIAL ASSISTANCE	SOUTH AMERICA	6	298,169	ACCT CREDIT			
(8) FINANCIAL ASSISTANCE	SOUTH ASIA	79	3,388,639	ACCT CREDIT			
(9) FINANCIAL ASSISTANCE	SUB-SAHARAN AFRICA	37	1,970,672	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

Part V Supplemental Information

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

ReturnReference	Explanation
PART I, LINE 2:	<p>ALL FINANCIAL AID GRANTS AND SCHOLARSHIPS TO MOUNT HOLYOKE COLLEGE DEGREE-SEEKING STUDENTS WHO ARE CITIZENS OF FOREIGN COUNTRIES 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. FOR THE LIMITED NUMBER OF STUDENTS WHERE THIS 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 U.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.</p>
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

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

2022

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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) TOWN OF SOUTH HADLEY 116 MAIN STREET SOUTH HADLEY, MA 01075	04-6001303	115	40,000	0			SUPPORT FOR FIRE DEPT CAPITAL EQUIP FUND
(2) GIRLS INC OF THE VALLEY PO BOX 6812 HOLYOKE, MA 01041	04-2748244	501(C)(3)	10,000	0			SUPPORT FOR ORGANIZATION'S CAMPAIGN
(3) WFCR HAMPSHIRE HOUSE AMHERST, MA 01003	04-6130523	501(C)(3)	11,543	0			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 **3**
- 3** Enter total number of other organizations listed in the line 1 table **0**

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 TUITON, ROOM, BOARD	1350	56,421,751			
(1)					
(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 AWARDED 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. 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>

Additional Data

Return to Form

Software ID:

Software Version:

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.**

2022

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.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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.

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.

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.

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.

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.

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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, 1099-MISC compensation, and/or 1099-NEC			(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 FMR PRESIDENT	(i)	342,152	0	456,025	32,025	36,957	867,159	0
	(ii)	0	0	0	0	0	0	0
2 ANA YANKOVA CHIEF INVESTMENT OFFICER	(i)	461,341	0	37,508	32,025	26,972	557,846	0
	(ii)	0	0	0	0	0	0	0
3 KASSANDRA JOLLEY VP FOR COLLEGE RELATIONS	(i)	320,018	0	34,163	32,025	23,612	409,818	0
	(ii)	0	0	0	0	0	0	0
4 SHANNON GUREK FMR VP FOR FIN & ADMIN & TREAS	(i)	153,628	0	159,272	19,108	29,939	361,947	0
	(ii)	0	0	0	0	0	0	0
5 BEVERLY DANIEL TATUM PRESIDENT	(i)	262,500	0	16,209	13,781	10,516	303,006	0
	(ii)	0	0	0	0	0	0	0
6 DOROTHY E KNIGHT-MOSBY FMR VP ACAD AFF & DEAN OF FACULTY	(i)	248,005	0	18,271	28,269	3,520	298,065	0
	(ii)	0	0	0	0	0	0	0
7 KIJUA SANDERS-MCMURTRY VP FOR EQUITY & INCLUSION & CDO	(i)	234,803	0	21,908	26,228	11,747	294,686	0
	(ii)	0	0	0	0	0	0	0
8 MARCELLA RUNELL HALL VP FOR STUD LIFE & DEAN OF STUDTS	(i)	205,788	0	9,663	22,530	41,570	279,551	0
	(ii)	0	0	0	0	0	0	0
9 KEITH MICHEL ASSOCIATE VP FOR DEVELOPMENT	(i)	200,789	0	25,000	24,215	23,820	273,824	0
	(ii)	0	0	0	0	0	0	0
10 ROBIN RANDALL VP FOR ENROLLMENT MANAGEMENT	(i)	216,200	0	9,513	23,342	21,143	270,198	0
	(ii)	0	0	0	0	0	0	0
11 ALEXANDER WIRTH-CAUCHON CIO & EXEC DIR-LIB INFO & TECH SVCS	(i)	197,592	0	16,788	21,630	26,052	262,062	0
	(ii)	0	0	0	0	0	0	0
12 PATRICIA GALLAGHER TREASURER	(i)	185,856	0	6,000	22,103	37,630	251,589	0
	(ii)	0	0	0	0	0	0	0
13 THOMAS COTE ASSOCIATE DIRECTOR OF INVESTMENTS	(i)	202,699	0	1,000	21,893	23,632	249,224	0
	(ii)	0	0	0	0	0	0	0
14 BETT SCHUMACHER SECRETARY OF THE COLLEGE	(i)	189,919	0	14,570	19,770	23,699	247,958	0
	(ii)	0	0	0	0	0	0	0
15 PENNLOPE DAVIS ASSOCIATE VP FOR HR	(i)	185,145	0	1,000	20,265	22,421	228,831	0
	(ii)	0	0	0	0	0	0	0
16 AMBER DOUGLAS VP FOR STUD SUCC & DEAN OF THE COLL	(i)	185,387	0	1,000	19,846	3,208	209,441	0
	(ii)	0	0	0	0	0	0	0
17 CARMEN YULIN CRUZ SOTO DISTINGUISHED FELLOW LEADERSHIP	(i)	162,372	0	18,229	15,986	10,339	206,926	0
	(ii)	0	0	0	0	0	0	0
18 LISA SULLIVAN PROVOST & DEAN OF FACULTY	(i)	155,271	0	15,000	15,488	13,143	198,902	0
	(ii)	0	0	0	0	0	0	0
19 LENORE REILLY FMR SECRETARY OF THE COLLEGE	(i)	128,624	0	1,000	13,872	10,143	153,639	0
	(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. THE PERSONAL USE VALUE OF COLLEGE PROVIDED HOUSING IS INCLUDED IN NONTAXABLE BENEFITS. 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.
PART I, LINE 4A	FORMER VICE PRESIDENT FOR FINANCE & ADMINISTRATION & TREASURER, SHANNON GUREK, RECEIVED A SEVERANCE PAYMENT OF \$103,552 UPON HER TERMINATION OF EMPLOYMENT. THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION IN PART VII, AND IN OTHER REPORTABLE COMPENSATION OF SCHEDULE J. PART II, COLUMN B(III): THE FORMER PRESIDENT'S OTHER REPORTABLE COMPENSATION INCLUDES CONTRACTUAL SABBATICAL PAYMENTS AS WELL AS EMPLOYEE TRANSITION PAYMENTS.

Additional Data

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2022

**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		
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
C	MA DEVELOPMENT FINANCE AGCY-MHC ISSUE SERIES 2020B	04-3431914	000000000	05-01-2020	37,000,000	TO REFUND 2011A BOND ISSUE (REISSUED 3/24/16)		X		X		X

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired			745,000		1,765,000			1,840,000	
2 Amount of bonds legally defeased									
3 Total proceeds of issue			26,210,204		33,755,000			37,000,000	
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds			238,907		226,338				
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds			25,971,297						
11 Other spent proceeds					33,528,662			37,000,000	
12 Other unspent proceeds									
13 Year of substantial completion					2018				
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X				X			X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X	X				X		
16 Has the final allocation of proceeds been made?	X		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		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		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 ▶								
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 ▶	0.630 %							
6 Total of lines 4 and 5	0.630 %							
7 Does the bond issue meet the private security or payment test?		X		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		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?								
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		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		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?	X		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		X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		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		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: 03/24/2023 MA DEVELOPMENT FINANCE AGENCY-MHC ISSUE SERIES 2016B - DATE THE REBATE COMPUTATION WAS PERFORMED: 11/30/2023 MA DEVELOPMENT FINANCE AGENCY-MHC ISSUE SERIES 2020B - DATE THE REBATE COMPUTATION WAS PERFORMED: 11/30/2023 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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Software ID:
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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MICHAEL CROWLEY	HUSBAND OF OFFICER, MARY JO MAYDEW	102,532	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference

Explanation

Additional Data

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Noncash Contributions

2022

Open to Public Inspection

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

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	4	262,000	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	109	1,148,830	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	X	2	48,000	OPINIONS OF EXPERTS
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
30a		No
31	Yes	
32a	Yes	

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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:	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

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)**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.

2022**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
THE TRUSTEES OF MOUNT HOLYOKE COLLEGE

Employer identification number

04-2103578

Return Reference	Explanation
FORM 990, PART III, LINE 1	LOCATED IN SOUTH HADLEY, MASSACHUSETTS, MOUNT HOLYOKE COLLEGE IS A HIGHLY SELECTIVE, NONDENOMINATIONAL, RESIDENTIAL, RESEARCH LIBERAL ARTS COLLEGE FOR WOMEN THAT IS GENDER DIVERSE AND WELCOMES APPLICATIONS FROM FEMALE, TRANSGENDER, AND NON-BINARY STUDENTS. MOUNT HOLYOKE IS RENOWNED FOR EDUCATING WOMEN LEADERS, FROM MEDICAL PIONEERS TO PULITZER PRIZE-WINNING PLAYWRIGHTS. THE OLDEST OF THE SEVEN SISTER COLLEGES, WE ARE A NOTED LEADER IN LIBERAL ARTS EDUCATION WITH A MISSION GROUNDED IN THE CONVICTION THAT WOMEN CAN – AND SHOULD – MAKE A DIFFERENCE IN THE WORLD.
FORM 990, PART III, LINE 4A	*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 HOLYOKE'S 200+ ACCOMPLISHED FACULTY MEMBERS ARE INNOVATIVE TEACHERS DEDICATED TO THEIR STUDENTS. THEY ARE ALSO ACTIVE SCHOLARS, RESEARCH SCIENTISTS, AND CREATIVE ARTISTS PASSIONATE ABOUT THEIR DISCIPLINES. THE COLLEGE OFFERS 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 COLLEGE'S ADMINISTRATIVE FUNCTIONS.
FORM 990, PART III, LINE 4B	*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. INCLUSION, COMPASSION, AND AUTHENTICITY ARE THE FOUNDATIONS OF MOUNT HOLYOKE'S 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 COLLEGE'S 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.
FORM 990, PART III, LINE 4C	*DINING SERVICES* AT MOUNT HOLYOKE COLLEGE, DINING CONTINUES TO BE AN INTEGRAL PART OF A STUDENT'S EDUCATIONAL EXPERIENCE. THE COLLEGE'S 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. FOR ITS VEGAN-FRIENDLY DINING, MOUNT HOLYOKE'S DINING SERVICES HAS BEEN RECOGNIZED BY PETA WITH AN "A" RATING, AND IS THE ONLY COLLEGE IN WESTERN MASSACHUSETTS TO EARN SUCH A HIGH GRADE. 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 COLLEGE'S 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.
FORM 990, 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.
FORM 990, PART VI, SECTION B,	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

Return Reference	Explanation
LINE 11B	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.
FORM 990, 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. 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 ELECTRONIC TRANSMISSIONS. 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.
FORM 990, 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, CHIEF INVESTMENT OFFICER, AND THE SECRETARY OF THE COLLEGE. THIS PROCESS WAS LAST UNDERTAKEN IN MAY 2023 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 PERFORMANCE OF THE PRESIDENT. THE PRESIDENT IS RESPONSIBLE FOR OVERSIGHT OF PERFORMANCE MANAGEMENT FOR THE VICE PRESIDENTS AND THE CHIEF INVESTMENT OFFICER. WITH REGARD TO THE CHIEF INVESTMENT OFFICER'S PERFORMANCE-BASED COMPENSATION, THE PRESIDENT AND INVESTMENT COMMITTEE (IC) REVIEW HER PERFORMANCE IN ACCORDANCE WITH ESTABLISHED METRICS. 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.
FORM 990, PART VI, SECTION C, LINE 19	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.
FORM 990, PART XI, LINE 9:	WILLITS HALLOWELL CENTER SUPPORT -548,559. CHANGE IN VALUE OF INTEREST RATE SWAPS 354,128. CHANGE IN FAS 158 PENSION LIABILITY 2,535,078. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -479,486.

Additional Data

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

**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
(1) COLLEGIATE CATALYST FUND LLC 63 MOUNTAIN VIEW DRIVE STE 301 3RD COLCHESTER, VT 05446 04-3793835	CAPTIVE INSURANCE	VT	-90,099	919,211	TRUSTEES OF MOUNT HOLYOKE COLLEGE

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 MOUNT HOLYOKE COLLEGE 50 COLLEG SOUTH HADLEY, MA 01075 04-2565823	MHC MEETINGS	MA	501(C)(3)	LINE 12B, II	MHC	Yes	No
(2) ALUMNAE ASSOC OF MOUNT HOLYOKE COLLEGE C/O MOUNT HOLYOKE COLLEGE 50 COLLEG SOUTH HADLEY, MA 01075 04-2105894	ALUMNAE NETWORK	MA	501(C)(3)	LINE 12A, I	N/A		No
(3) ASSOCIATED KYOTO PROGRAM INC C/O POMONA COLLEGE 550 HARVARD AVE CLAREMONT, CA 91711 04-2996114	EDUCATION EXCHANGE	MA	501(C)(3)	LINE 12C, III	N/A		No
(4) CENTER REDEVELOPMENT CORPORATION 17 COLLEGE STREET SOUTH HADLEY, MA 01075 04-2939950	REAL ESTATE	MA	501(C)(3)	LINE 12A, I	MHC	Yes	No

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

(a) 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) CHARITABLE REMAINDER UNITRUSTS (18) C/O MOUNT HOLYOKE COLLEGE 50 COLLEG SOUTH HADLEY, MA 01075	CHARITABLE TRUST	MA	MHC	T				Yes	
(2) PERPETUAL TRUST (1) C/O MOUNT HOLYOKE COLLEGE 50 COLLEG SOUTH HADLEY, MA 01075	CHARITABLE TRUST	MA	MHC	T				Yes	
(3) POOLED INCOME FUNDS (2) C/O MOUNT HOLYOKE COLLEGE 50 COLLEG SOUTH HADLEY, MA 01075	CHARITABLE TRUST	MA	MHC	T				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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q		No
1r	Yes	
1s	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	154,774	OVERHEAD ALLOCATION
(2) WILLITS HALLOWELL CENTER	M	532,987	INTERNAL SALES
(3) WILLITS HALLOWELL CENTER	N	350,000	ESTIMATED FMV - BUILDING
(4) WILLITS HALLOWELL CENTER	R	548,557	WILLITS SUBSIDY
(5) POOLED INCOME FUNDS (2)	S	191,826	MANDATORY TRANSFERS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:****Software Version:**