## <sub>-orm</sub> 990

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

A F	or the	e 2018	calen	ndar year, or tax year beginning	07,	/01 <b>, 2018</b> ,	, and end	ling		06	5/30, <b>20</b>	19	
_			C Nan	me of organization					D Employer ide	ntific	ation numbe	∍r	
Во	heck if a	pplicable:	WE	ELLESLEY COLLEGE					04-2103	363	7		
	Addre		Doir	ng business as									
	7 7	change	Nur	mber and street (or P.O. box if mail is	not delivered to street addres	ss)	Room/su	ite	E Telephone nu	mber			
	Initial	return	10	06 CENTRAL STREET	(781) 283-1000								
	Final termin	return/	City	y or town, state or province, country,	and ZIP or foreign postal code	Э							
	Amen	nded	WE	ELLESLEY, MA 02481-8	<b>G</b> Gross receipts	s \$	939,	365,	750.				
		cation	F Nan	me and address of principal officer:	PAULA A. JOHN	ISON			H(a) Is this a grou		urn for	Yes	X No
	_ pond.	9	10	06 CENTRAL STREET, W	ELLESLEY, MA 02	481			subordinates <b>H(b)</b> Are all subord		included?	Yes	No
$\overline{\Gamma}$	Tax-ex	empt st	atus:	X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or	527	1		list. (see instru	ctions)	
J	Websi	ite: 🕨	WWW.	.WELLESLEY.EDU	/ • / / /			1	H(c) Group exem	ption r	number		
				: X Corporation Trust	Association Other	•	L Ye	ear of forma	tion: 1870 <b>M</b>			nicile:	MA
	art I		ımmaı		,								
				ribe the organization's mission of	or most significant activities	s TO PRO	OVIDE	AN EXC	ELLENT LI	BEF	RAL ART	 S	
φ				ON FOR WOMEN WHO WI									
anc													
ern	2	Check	this h	oox if the organization of	discontinued its operation	ns or dispose	ed of mor	e than 25%	of its net assets				
Governance				voting members of the governing	•	•				3			30.
				independent voting members of						4			30.
ies				er of individuals employed in cal						5		3,	302.
Activities &				er of volunteers (estimate if neces						6			0.
Act				ated business revenue from Part \						7a	-8,0	08,	<del>173.</del>
				ed business taxable income from						7b			0.
_		1101 01	TH Olate	24 Submission taxasis income from	1 01111 000 1, 11110 00 1				Prior Year		Curre	ent Ye	ar
	8	Contr	ihution	ns and grants (Part VIII, line 1h)					63,618,20	6.			693.
Jue	9			rvice revenue (Part VIII, line 2g)					56,443,60		165,5		
Revenue	_			income (Part VIII, column (A), lin					40,857,36		142,2		
æ				iue (Part VIII, column (A), lines 5					8,349,04				482.
	12			ue - add lines 8 through 11 (mus					269,268,20	$\overline{}$	357,4		
_				similar amounts paid (Part IX, co	•				63,249,93				127.
	14			id to or for members (Part IX, col					00,210,00	0.	0.7		0.
	4.5			her compensation, employee ber					146,562,61		143,6	573	
Expenses	162			If fundraising fees (Part IX, colum					10,002,01	0.			0.
ben	h			aising expenses (Part IX, column									
Ë	17			nses (Part IX, column (A), lines 1					L03,760,59	0	106,2	269	519
				ses. Add lines 13-17 (must equa				• • • • •	313,573,13		317,7		
	19			ses. Add liftes 13-17 (must equal ss expenses. Subtract line 18 from		23)		• • —	-44,304,93	$\overline{}$			459.
- S		Kevei	iue ies	ss expenses. Subtract line to from	IT III IE 12				nning of Current	_		of Year	
ets (	20	Total	accata	(Part X, line 16)					312,442,63				
Ass Bal	21			ies (Part X, line 26)					179,672,79		478,7		
Net Assets or Fund Balances	22			or fund balances. Subtract line 2				• • —	332,769,83	$\overline{}$			
	rt II			re Block	i itolii iiile 20				,527,05705		2737075	,01,	
				Iry, I declare that I have examined the	nis return including accomp	anving sched	ules and s	tatements	and to the hest of	f my	knowledge a	and he	lief it is
				ete. Declaration of preparer (other tha									
Sig	n		Signati	ure of officer					Date				
He	re		PTPE	R ORTON		VP FIN	/ADMT	J/TREAS	3				
				or print name and title			,	.,	<u>-                                      </u>				
_				reparer's name	Preparer's signature		Date		Check	if	PTIN		
Paic	i			LEE JOSEPH	10		7,	/9/2020		J "'	P0108	537	1
Pre	parer		s name	TIDMO TID					Firm's EIN ▶ 1				
Use	Only			ss ▶60 SOUTH STREET H	BOSTON, MA 02111	<u> </u>					-988-10		
May	/ the	_		s this return with the prepare			)		Trione no.		. X Ye		No
				ction Act Notice, see the separa		2 200110)			<u> </u>				(2018)

## Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of this	s form, visit www.irs.gov/e-file-providers/e-file-	tor-charities	s-and-non-profits.			
Automati	c 6-Month Extension of Time. Only subm	nit original	(no copies needed).			
All corpora	tions required to file an income tax return other	er than For	m 990-T (including 1120	D-C filers), partnerships, REMICs,	and trusts	
must use F	form 7004 to request an extension of time to	file income	tax returns.			
	1			Enter filer's identifying number, s		
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (EIN)	or	
print	WELLESLEY COLLEGE	04-2103637				
File by the	Number, street, and room or suite no. If a P.O. bo	ox. see instru	ctions	Social security number (SSN)		
due date for filing your	106 CENTRAL STREET	, , , , , , , , , , , , , , , , , , ,	0.10.10.	Social security number (SSIV)		
return. See	City, town or post office, state, and ZIP code. Fo	r a foreign ad	Idress, see instructions.			
instructions.	WELLESLEY, MA 02481-8203					
Enter the R	Return Code for the return that this application	is for (file	a separate application for	or each return)	0 1	
	application					
Application	n	Return	Application		Return	
Is For		Code	Is For		Code	
	or Form 990-EZ	01	Form 990-T (corporati	on)	07	
Form 990-E		02	Form 1041-A	- 1- P-14 D	08	
Form 990-F	(individual)	03	Form 4720 (other that Form 5227	n individual)	10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
	T (trust other than above)	06	Form 8870		12	
1 01111 000	PIPER ORTON	1 00	1 01111 007 0		· · -	
• The boo	ks are in the care of ▶ 106 CENTRAL STR	EET WEL	LESLEY MA 02481-	8203		
Telepho	ne No. ▶ 781 283-1000		Fax No. ▶			
	ganization does not have an office or place of					
	for a Group Return, enter the organization's fo					
	ble group, check this box		art of the group, check the	his box ▶ and at	tach	
	he names and EINs of all members the extens		0F/1F 00.3	00 45 515 455 500 500 500 500	:	
	lest an automatic 6-month extension of time u			. to file the exempt organizat	ion return	
101 111	e organization named above. The extension is	s ioi the oit	ganization's return for.			
▶	calendar year 20 or					
X		01 , 20 18	8 , and ending	06/30 , 20 19 .		
2 If the	tax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: 🔲 Initial re	eturn Final return		
	Change in accounting period					
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any	_	
	fundable credits. See instructions.			3a \$	0.	
	s application is for Forms 990-PF, 990-T		-		0	
	ated tax payments made. Include any prior yearce due. Subtract line 3b from line 3a. Include				0.	
	tronic Federal Tax Payment System). See instru		ient with this form, if fet		0.	
	ou are going to make an electronic funds withdrawa		uit) with this Form 8868 se	<b>3c   \$</b> e Form 8453-FO and Form 8879-FO f		
instructions.	ou are going to make an electronic runus withdraws	(diroot deb	,	3 . 3 3-00 L3 and 1 onli 007 9-L0 1	o. paymont	
	Act and Paperwork Reduction Act Notice, see inst	ructions.		Form <b>8868</b>	(Rev. 1-2019)	
	•	-				

KPMG LLP, 60 SOUTH STREET, BOSTON, MA 02111

WELLESLEY COLLEGE

For	m 990 (2018) Page <b>2</b>
Pa	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:  TO PROVIDE AN EXCELLENT LIBERAL ARTS EDUCATION FOR WOMEN WHO WILL
	MAKE A DIFFERENCE IN THE WORLD.
	MAKE A DIFFERENCE IN THE WORLD.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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 X 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.
_	(0.1
4a	(Code:) (Expenses \$176,637,922. including grants of \$) (Revenue \$164,735,050. ) OUTSTANDING EDUCATION: WELLESLEY IS COMMITTED TO ENSURING THAT OUR
	EXCELLENT LIBERAL ARTS CURRICULUM IS BOTH INTELLECTUALLY AND
	CULTURALLY BROAD TO PREPARE OUR GRADUATES FOR THEIR LIVES AFTER
	COLLEGE. WELLESLEY OFFERS MORE THAN 50 DEPARTMENTAL AND
	INTERDEPARTMENTAL MAJORS TO APPROXIMATELY 2,300 STUDENTS. THE
	AVERAGE CLASS SIZE IS 17 TO 20 STUDENTS WITH A 7:1 STUDENT-FACULTY
	RATIO.
4b	(Code:) (Expenses \$70,423,370. including grants of \$67,791,127. ) (Revenue \$)
	WELLESLEY COLLEGE HAS A LONG TRADITION OF NEED-BLIND ADMISSION FOR
	U.S. CITIZENS AND PERMANENT RESIDENTS, MAKING ADMISSION DECISIONS
	WITHOUT REGARD TO A FAMILY'S FINANCIAL SITUATION. THROUGH ITS
	FINANCIAL AID PROGRAM, THE COLLEGE MEETS 100 PERCENT OF A STUDENT'S DEMONSTRATED FINANCIAL NEED. RESOURCES DEDICATED TO THE
	FINANCIAL AID PROGRAM ENSURE THAT WELLESLEY IS SUCCESSFUL IN
	RECRUITING AND ENROLLING A STRONG AND DIVERSE STUDENT BODY WITH
	CONTINUED ATTENTION TO ISSUES OF FINANCING AND AFFORDABILITY.
	APROXIMATELY 60% OF THE STUDENT BODY RECEIVES FINANCIAL AND AND
	WELLESLEY IS WIDELY RECOGNIZED AS ONE OF THE TOP 10 COLLEGES IN
	THE COUNTRY FOR STUDENTS GRADUATING WITH THE LEAST AMOUNT OF DEBT.
4c	(Code: ) (Expenses \$ 12,500,695. including grants of \$ ) (Revenue \$ 12,500,695. )
	SPONSORED RESEARCH: WELLESLEY PRIDES ITSELF ON ITS COMMITMENT TO
	SUPPORTING THE TEACHER-SCHOLAR IDEAL, ENABLING OUR GIFTED FACULTY
	MEMBERS TO INTEGRATE THEIR LOVE OF TEACHING AND WORKING CLOSELY
	WITH STUDENTS WITH THEIR PURSUIT OF THE ADVANCEMENT OF KNOWLEDGE
	THROUGH THEIR WORLD-CLASS RESEARCH.
44	Other program services (Describe in Schedule O.)
-tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
46	Total program service expenses ► 259,561,987.
JSA	Form QQD (2014)
oE1	020 1.000 84190V 1592 3532170

Form 990 (2018)

Part IV Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	x	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		X
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	X	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
	Schedule D, Parts XI and XII.	12a	X	
,	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
)	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Page 4

Part IV Checklist of Required Schedules (continued)

Part	V 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? If "Yes," complete Schedule I, Parts I and III	22	X	
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? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Fotostho combinatorial in Page of Front 1999, Future 2 W. et al. 11.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Fermi V 20 metaded in the fat Enter of in het applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	Х	
	reportable gaming (gambling) winnings to prize winners?	1c		(0040

Form 990 (2018) Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 3,302			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	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	Х	
b	If "Yes," enter the name of the foreign country: ▶ ATTACHMENT 1			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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		Х
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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note.</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O · · · · ·	14b		
	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		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X	
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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			X
Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	١	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	IVa		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PIPER ORTON 106 CENTRAL STREET WELLESLEY, MA 02481

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)DEBORA DE HOYOS	12.00									
CHAIR	0.	Х						0.	0.	0.
(2)THOMAS FAUST	10.00									
VICE CHAIR	0.	Х						0.	0.	0.
(3)KENNETH G. BARTELS	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(4)M. AMY BATCHELOR	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)JUDYANN ROLLINS BIGBY	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(6)BRIAN C. BRODERICK	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)RUTH CHANG	2.00									
TRUSTEE	0.	X						0.	0.	0.
(8)SIR PETER CRANE	2.00									
TRUSTEE	0.	X						0.	0.	0.
(9)CALLIE CROSSLEY	2.00									
TRUSTEE	0.	X						0.	0.	0.
(10)OPHELIA DAHL	2.00									
TRUSTEE	0.	X						0.	0.	0.
(11)LAURA DAIGNAULT GATES	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)HANA GLASSER	2.00									
TRUSTEE	0.	X						0.	0.	0.
(13)JUDITH B. HALE	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)MAIA HEYMANN	2.00								_	_
TRUSTEE	0.	X						0.	0.	0.

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Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	sition morerson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) DOROTHY CHAO JENKINS	2.00									
TRUSTEE	0.	X						0.	0.	0.
16) LYNN DIXON JOHNSTON	2.00									
TRUSTEE	0.	X						0.	0.	0.
17) PATRICK LEE	2.00									
TRUSTEE	0.	X						0.	0.	0.
18) SUSAN KOENIGSBERG LUCAS	2.00									
TRUSTEE	0.	X						0.	0.	0.
19) ELLEN GOLDBERG LUGER	2.00									
TRUSTEE	0.	X						0.	0.	0.
20) LAURA RUSSELL MALKIN	2.00									
TRUSTEE	0.	X						0.	0.	0.
21) ELLEN R. MARRAM	2.00									
TRUSTEE	0.	X						0.	0.	0.
22) LAWRY JONES MEISTER	2.00									
TRUSTEE	0.	X						0.	0.	0.
23) CHRISTOPHER T. PASKO	2.00									
TRUSTEE	0.	X						0.	0.	0.
24) LIA GELIN POORVU	2.00									
TRUSTEE	0.	X						0.	0.	0.
25) JENNIFER SMITH	2.00									
TRUSTEE	0.	X						0.	0.	0.
1b Sub-total							$\blacktriangleright$	0.	0.	0.
c Total from continuation sheets to Part VII, S	ection A							5,863,120.	0.	823,803.
d Total (add lines 1b and 1c)							<u> </u>	5,863,120.	0.	823,803.
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 ► 257										
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or ch ind	tru <i>livid</i> u	ıste ual	e,	key e	emp	loyee, or highes	t compensated	3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gre										
individual										4 X
5 Did any person listed on line 1a receive or										

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

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
ATTACHMENT 2		

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

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Part VII

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Part VII Section A. Officers, Directors, Tru (A)	(B)	<u>,</u>	J •	)) ((				(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe d a d	ition more rson	e than or thrust highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount of other pensation om the anization d related anization	of ion on d
26) DIANA SORENSEN TRUSTEE	2.00	X				0.		0.	0.			0
27) GRACE Y. TOH TRUSTEE	2.00	Х						0.	0.			0
28) SUSAN L. WAGNER TRUSTEE	2.00	Х						0.	0.			0
29) ALVIA J. WARDLAW TRUSTEE	2.00	Х						0.	0.			0
RO) MARY H. WHITE TRUSTEE	2.00	Х						0.	0.			0
PRESIDENT	70.00			Х				581,781.	0.	1	.24,8	300
32) PIPER ORTON  VP FOR FIN. & ADMIN. & TREAS.	60.00			Х				342,861.	0.		43,8	327
3) DEBORAH F. KUENSTNER CHIEF INVESTMENT OFFICER	60.00			Х				1,651,653.	0.		60,6	538
4) ANDREW SHENNAN PROVOST AND DEAN OF COLLEGE	60.00			Х				320,179.	0.	1	.32,6	517
5) SHEILAH HORTON DEAN OF STUDENTS	60.00				Х			248,917.	0.		72,1	100
DEAN-ADMISS. & STU. FIN. SVCS	60.00				Х			212,477.	0.		57,1	 140
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not reportable compensation from the organization	ection A limited to t		liste				> > >	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes	No
4 For any individual listed on line 1a, is the sorganization and related organizations great the street of the street organization and street organizations.	eater than	\$15	0,0	00?	If	"Yes	5,"	complete Schedu	le J for such		v	
<ul><li>individual</li><li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "You</li></ul>	accrue co	mpen	sati	on f	ron	any	un	related organization	on or individual	5	Х	Х
Section B. Independent Contractors	oo, comple	.5 501	.out	., 0	101	Judit	μοι					

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

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

Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	vee	es.	and I	Hial	hest Compensat	ed Employees (c	Page continued)
(A)	(B)		٠,٠٠٠		C)	<b>u</b> 1	9	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	rson	e than contrust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
37) ANN VELENCHIK	60.00									
DEAN OF ACADEMIC AFF.	0.				X			237,432.	0.	49,48
38) RAY OQUENDO	60.00									
DIRINVEST. OPERATION	0.					X		598,000.	0.	61,672
39) ROSEANN C. CARPENTER	60.00	_								
INVESTMENT OFFICER	0.					Х		585,305.	0.	63,662
40) KAREN PETRULAKIS	60.00	-				3,5		240 104		25 72
GENERAL COUNSEL 41) RICHARD G. FRENCH	60.00					X		349,104.	0.	35,730
PROF. ASTRONOMY	0.	-				X		264,214.	0.	52,570
42) GANESAN RAVISHANKER	60.00					Λ		204,214.	0.	32,37
CHIEF INFO. OFF. & ASSOC. DEAN	0.00	1				X		260,317.	0.	32,598
43) CAMERAN M. MASON	60.00					Λ.		200,317.	0.	32,370
FORMER VP-RESOURCES&PUB. AFF.		1					x	210,880.	0.	36,950
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				b b o re	eceived more than	\$100,000 of	
3 Did the organization list any former office										Yes N
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual						3 X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										5 2
for services rendered to the organization? If "You Section B. Independent Contractors	es, comple	ie Scl	iedi	ııe J	ior	such	per	son		5   2
Complete this table for your five highest com	inancated i	nden	anda	ant d	con	tracto	re t	hat received more	than \$100 000 a	.f
compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	(C) Compensation

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

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## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part VII	l		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Am Am	С	Fundraising events 1c					
뺼	d	Related organizations 1d					
Sin's	е	Government grants (contributions) 1e	4,313,992.				
	f	All other contributions, gifts, grants,					
₽₹		and similar amounts not included above . 1f	31,276,701.				
and a	g	Noncash contributions included in lines 1a-1f: \$	6,449,010.				
- 1	h	Total. Add lines 1a-1f		35,590,693.			
eun			Business Code	100 440 500	100 440 500		
Še	2a	STUDENT TUITION AND FEES	900099	128,440,590.	128,440,590.		
- 8	b	STUDENT ROOM AND BOARD	900099	35,549,488.	35,549,488.		
Program Service Revenue	С	WELLESLEY CENTER FOR WOMEN ACTIVITIES	900099	1,593,000.	1,593,000.		
n S	d						
gran	e	All 11					
Š.	t g	All other program service revenue Total. Add lines 2a-2f	<b>•</b>	165,583,078.			
	3	Investment income (including dividen		103/303/070.			
	3	and other similar amounts)		11,581,996.		-10,638,229.	22,220,225
	4	Income from investment of tax-exempt bond		1,755,000.			1,755,000
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 709,631,000.	1,157,501.				
	b	Less: cost or other basis					
		and sales expenses 581,894,208.					
	С	Gain or (loss)	1,157,501.				
	d	Net gain or (loss)	▶	128,894,293.		216,241.	128,678,052.
<u>a</u>	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
Re		of contributions reported on line 1c).					
Jer		See Part IV, line 18 a	0.				
₹	b	Less: direct expenses b	0.				
	С	Net income or (loss) from fundraising events	▶	0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses		0.			
	C	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	<b>h</b>		0.				
	b C	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0.			
		Miscellaneous Revenue	Business Code				
	11a	AUXILIARY ENTERPRISES	900099	4,242,795.	4,241,133.	1,662.	
	b	WELLESLEY COLLEGE CLUB	722320	1,597,119.	405,534.	1,191,585.	
	C	NEHOIDEN GOLF CLUB	713990	1,220,568.		1,220,568.	
	d	All other revenue		7,006,000.	7,006,000.		
	e	Total. Add lines 11a-11d		14,066,482.			
	12	Total revenue. See instructions.		357,471,542.	177,235,745.	-8,008,173.	152,653,277.

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## 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 resp	onse or note to any lin	e in this Part IX		
	include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Gra	nts and other assistance to domestic organizations				
and	I domestic governments. See Part IV, line 21	0.			
<b>2</b> Gra	ants and other assistance to domestic				
ind	ividuals. See Part IV, line 22	64,211,091.	64,211,091.		
3 Gra	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16	3,580,036.	3,580,036.		
	nefits paid to or for members	0.			
	mpensation of current officers, directors,	0 000 336	1 065 200	1 000 007	
trus	stees, and key employees	2,987,336.	1,065,309.	1,922,027.	
6 Cor	mpensation not included above, to disqualified				
-	sons (as defined under section 4958(f)(1)) and	0			
	sons described in section 4958(c)(3)(B)	0.	74 702 070	25 222 645	F 4F4 207
<b>7</b> Oth	ner salaries and wages	105,401,314.	74,723,272.	25,223,645.	5,454,397.
	nsion plan accruals and contributions (include	12 045 050	11 626 010	1 716 606	400 400
	ction 401(k) and 403(b) employer contributions)	13,845,950.	11,636,918.	1,716,606.	492,426. 610,478.
	ner employee benefits	7,097,136.			·
	yroll taxes	1,091,130.	4,804,764.	1,927,688.	364,684.
	es for services (non-employees):	5,675,755.	5,584,188.	56,758.	34,809.
	nagement	677,314.	3,304,100.	677,314.	34,009.
	gal	295,809.		295,809.	
	counting	293,809.		293,009.	
	obying	0.			
	fessional fundraising services. See Part IV, line 17.	163,479.		163,479.	
	estment management fees	103,173.		103,473.	
	ner. (If line 11g amount exceeds 10% of line 25, column	13,920,259.	9,744,181.		4,176,078.
	amount, list line 11g expenses on Schedule O.)	0.	5,711,101.		1,170,070.
	vertising and promotion	6,483,384.	4,264,165.	2,092,478.	126,741.
	ice expenses	5,980,274.	5,386,261.	333,102.	260,911.
		0.	3,333,232,	333,1321	20077221
	yalties	6,506,001.	5,855,401.	390,360.	260,240.
	cupancy	7,017,378.	4,063,508.	2,543,040.	410,830.
	yments of travel or entertainment expenses	, , , , , , , , ,	, , , , , , , , , ,	, , , , , , , ,	.,
	any federal, state, or local public officials	0.			
	nferences, conventions, and meetings	378,831.	326,309.	33,559.	18,963.
	erest	17,595,565.	17,595,565.	,	:
	yments to affiliates	0.	·		
	preciation, depletion, and amortization	20,850,648.	18,082,285.	2,336,159.	432,204.
	urance	1,881,819.	1,881,819.		
	er expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses in line 24e. If				
	24e amount exceeds 10% of line 25, column				
(A)	amount, list line 24e expenses on Schedule O.)				
$a^{BA1}$	NK FEES	10,569,921.	10,043,935.	420,789.	105,197.
bSTU	UDY AWAY EXPENSES	5,836,820.	5,836,820.		
cEQU	UIPMENT RENTAL	1,519,296.	449,707.	1,046,392.	23,197.
d <sup>PR</sup>	INTING & MAILING	916,966.	583,860.	17,733.	315,373.
e All	other expenses				
25 Tota	al functional expenses. Add lines 1 through 24e	317,734,083.	259,561,987.	45,085,568.	13,086,528.
<b>26 Joi</b> org fror	nt costs. Complete this line only if the anization reported in column (B) joint costs m a combined educational campaign and draising solicitation. Check here				
	owing SOP 98-2 (ASC 958-720)	0.			

Form **990** (2018)

04-2103637

#### Part X Balance Sheet

Form 990 (2018)

ше	ILΛ	Baiance Chiese					
		Check if Schedule O contains a response of	r note	e to any line in this P	art X		
					(A)		(B)
	ı				Beginning of year		End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			183,401,660.	2	120,764,076.
	3	Pledges and grants receivable, net			75,566,208.	3	58,783,492.
	4	Accounts receivable, net			9,176,843.	4	6,922,647.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	omper	sated employees.	_		
		Complete Part II of Schedule L Loans and other receivables from other disqualified persi	, .		0.	5	0.
	6	4958(f)(1)), persons described in section 4958(c)(3)(B).	ons (as and c	contributing employers			
		and sponsoring organizations of section 501(c)(9) volu	intary e	employees' beneficiary			
S		organizations (see instructions). Complete Part II of Sche			0.	6	0.
Assets	7	Notes and loans receivable, net			7,204,845.	7	7,003,117.
As	8	Inventories for sale or use			815,222.	8	718,735.
	9	Prepaid expenses and deferred charges	;		2,950,261.	9	873,285.
	10 a	Land, buildings, and equipment: cost or					
			10a	726,824,048.			
	b	Less: accumulated depreciation	10b	305,941,401.	353,599,000.	10c	420,882,647.
	11				925,640,591.	11	933,069,000.
	12	Investments - other securities. See Part IV, line 11			1,254,088,000.	12	1,306,269,000.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal			2,812,442,630.	16	2,855,285,999.
	17	Accounts payable and accrued expenses			110,759,654.	17	116,730,924.
	18	Grants payable	407,266.	18	476,622.		
	19	Deferred revenue			10,330,473.	19	8,795,485.
	20	Tax-exempt bond liabilities			235,646,853.	20	234,010,927.
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.		
S	22	Loans and other payables to current and for	rmer	officers, directors,			
Liabilities		trustees, key employees, highest compen	sated	employees, and			
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.
=	23	Secured mortgages and notes payable to unrelate			89,413,655.	23	87,206,837.
	24	Unsecured notes and loans payable to unrelated	third pa	arties	0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-24	4). Complete Part X			
		of Schedule D			33,114,895.	25	31,480,206.
	26	Total liabilities. Add lines 17 through 25			479,672,796.	26	478,701,001.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there   X  and			
au au	27	Unrestricted net assets			637,500,052.	27	661,236,998.
3al	28	Temporarily restricted net assets			1,113,462,322.	28	0.
힏	29	Permanently restricted net assets			581,807,460.	29	1,715,348,000.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	iinmen	t fund		31	
As	32	Retained earnings, endowment, accumulated inco				32	
Net	33				2,332,769,834.	33	2,376,584,998.
2	34	Total liabilities and net assets/fund balances			2,812,442,630.	34	2,855,285,999.
	54	TOTAL HADINIES AND THE ASSETS/TUND DAMANCES			2,012,112,030.	54	Eorm <b>QQN</b> (2018)

Form **990** (2018)

Page **11** 

Page **12** Form 990 (2018)

<b>Part</b>	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			34,0	
3	Revenue less expenses. Subtract line 2 from line 1	3			37,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			69,8	
5	Net unrealized gains (losses) on investments	5		13,078,206.		
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9,0	00,5	01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2,3	76,5	84,9	98.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крlain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ınt?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		37	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits.		3b	X	

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#### **SCHEDULE A** (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047 Inspection

Employer identification number

04-2103637

Department of the Treasury Internal Revenue Service Name of the organization

WELLESLEY COLLEGE

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

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions				
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2	X	A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6			ocal government or governmental unit described in section 170(b)(1)(A)(v).								
7			nally receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state of	f the college or			
		university:									
10		An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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 <b>section 509(a)(2).</b> (Complete Part III.)									
11		An organization organized	•	•	-		, , , ,				
12		An organization organized	•	•							
		of one or more publicly su									
		Check the box in lines 12a t									
а	L	Type I. A supporting orga	•		,		• ,,	,, , , , ,			
		the supported organization				ajority of	the directors or truste	es of the			
		supporting organization.	-					and A. Indian Com			
b	L	Type II. A supporting org	•								
		control or management of		=	tne sam	e persor	is that control or man	age the supported			
_	Г	organization(s). You must	•		tod in a	onnoctio	n with and functional	lly intograted with			
С	_	Type III functionally integers its supported organization						ny integrated with,			
d	Г	Type III non-functionally	. , .	•				ted organization(s)			
u	_	that is not functionally into			-						
		requirement (see instruct			-			an attentiveness			
е		Check this box if the orga						I. Type III			
·		functionally integrated, or					•••	., .,po			
f	En	ter the number of supported	• •								
g	Pr	ovide the following information	on about the suppo	orted organization(s).							
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				(**************************************	Yes	No	,	,			
(A)											
,											
(B)											
(C)											
(D)											
(E)											
Tota	al										

Page 2 Schedule A (Form 990 or 990-EZ) 2018

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76,103,854.	94,615,915.	55,335,153.	63,618,206.	35,590,693.	325,263,821.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	76,103,854.	94,615,915.	55,335,153.	63,618,206.	35,590,693.	325,263,821.		
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)						63,559,349.		
6	Public support. Subtract line 5 from line 4						261,704,472.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total		
7	Amounts from line 4	76,103,854.	94,615,915.	55,335,153.	63,618,206.	35,590,693.	325,263,821.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,751,596.	12,641,952.	13,802,574.	1,940,884.	23,975,225.	66,112,231.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	10,958,198.	10,436,597.	9,166,844.	8,299,040.	11,652,667.	50,513,346.		
11	Total support. Add lines 7 through 10						441,889,398.		
12	Gross receipts from related activities, etc. (s	see instructions)				12	749,024,387.		
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>							
Sec	tion C. Computation of Public Sup	port Percenta	ge						
14	Public support percentage for 2018 (li		-			14	59.22 <b>%</b>		
15	Public support percentage from 2017	•	•			15	76.06 <b>%</b>		
16a	331/3% support test - 2018. If the org								
	box and <b>stop here.</b> The organization q	•		•					
b	331/3% support test - 2017. If the org	=							
	this box and <b>stop here</b> . The organization	•		-					
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization								
	Part VI how the organization meets t			_					
	organization								
b	10%-facts-and-circumstances test - 2	•							
	15 is 10% or more, and if the orga						-		
	Explain in Part VI how the organizati				-	-			
4.0	supported organization								
18	Private foundation. If the organization								
	instructions						<u> </u>		

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Page 3 Schedule A (Form 990 or 990-EZ) 2018

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

Sec	tion A. Public Support			, ı	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	.						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons  Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		T	I	I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first soco	nd third fourth	or fifth tax v	par as a section	501(c)(3)
14	organization, check this box and <b>stop here</b> .	ū	•		•		` ^ ` /
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16							% %
_	Public support percentage from 2017 Sche					16	<u> </u>
	tion D. Computation of Investment			10 policer (0)		17	
17	Investment income percentage for 2018 (lin					17	<u>%</u>
18	Investment income percentage from 2017 S					18	<u>%</u>
19 a	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi		_				
b	331/3% support tests - 2017. If the orga				•		
	line 18 is not more than 331/3 %, check		-	•		• • •	
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions >

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Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a 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 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ing <i>by</i>			
	1		
tus ted			
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and the			
	3b		
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Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 5

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
C = = 4!		1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	NO
	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?	1		
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions).	
_		-	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.) 7.1101 7.001	(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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			,

Schedule A (Form 990 or 990-EZ) 2018

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

Secti	ection D - Distributions								
1	Amounts paid to supported organizations to accomplish ex								
2	Amounts paid to perform activity that directly furthers exer								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo								
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	the organization is resp	onsive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2018								
а	From 2013								
b	From 2014								
С	From 2015								
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from								
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2018 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2014								
b	Excess from 2015								
С	Excess from 2016								
d	Excess from 2017								
е	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 Page **8** 

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.)

					ATTACHMENT	1					
SCHEDULE A, PART II - OTHER INCOME											
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL					
AUXILIARY ENTERPRISES	8,302,634.	7,872,487.	6,498,653.	5,633,977.	4,241,133.	32,548,884.					
NEHOIDEN GOLF CLUB	1,114,891.	1,109,090.	1,228,685.	1,326,378.		4,779,044.					
WELLESLEY COLLEGE CLUB	1,540,673.	1,455,020.	1,439,506.	1,338,685.	405,534.	6,179,418.					
OTHER REVENUE					7,006,000.	7,006,000.					
TOTALS	10,958,198.	10,436,597.	9,166,844.	8,299,040.	11,652,667.	50,513,346.					

Schedule A (Form 990 or 990-EZ) 2018

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

MEI	LLESLEY COLLEGE		04-2103637		
Pa	organizations Maintaining Donor Advised Funds or Other		or Accounts.		
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 6.			
	(a) Donor advi	sed funds	(b) Funds and oth	er accounts	S
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing th	at the assets held	d in donor advised _		
	funds are the organization's property, subject to the organization's exclusi	ve legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant	funds can be used		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for	any other purpose _		
	conferring impermissible private benefit?		<u> L</u>	Yes _	No
Pa	art II Conservation Easements.				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all	that apply).			
	Preservation of land for public use (e.g., recreation or education)	Preservation	n of a historically impor	rtant land a	area
	Protection of natural habitat	Preservation	n of a certified historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution i	in the form of a conser	vation	
	easement on the last day of the tax year.		Held at the En	d of the Ta	x Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure include	led in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extin	nguished, or term	inated by the organiza	ation durin	ng the
	tax year				
4	Number of states where property subject to conservation easement is loc				
5	Does the organization have a written policy regarding the periodic r		_		_
	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ns, and enforcing co	onservation easements du	iring the ye	ear
	<b>&gt;</b>				
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ons, and enforcing	conservation easemen	ts during t	he year
	<b>&gt;</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy the re	•	. , . , . , . ,		_
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation easemer				
	balance sheet, and include, if applicable, the text of the footnote to the o	rganization's finan	cial statements that des	scribes the	)
	organization's accounting for conservation easements.		Oiil Ai-		
Pa	Organizations Maintaining Collections of Art, Historical Tr		er Similar Assets.		
	Complete if the organization answered "Yes" on Form 990,				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r works of art, historical treasures, or other similar assets held for pub public service, provide, in Part XIII, the text of the footnote to its financial service.	ot to report in its	revenue statement a	nd balanc	e shee
	public service, provide, in Part XIII, the text of the footnote to its financial s	statements that de	escribes these items.	iii iuitiicie	arice o
b	If the organization elected, as permitted under SFAS 116 (ASC 958),				
	works of art, historical treasures, or other similar assets held for public service, provide the following amounts relating to these items:	,	•		
	(i) Revenue included on Form 990, Part VIII, line 1	,	▶ \$		
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical treasures,	, or other similar	assets for financial	gain, prov	ide the
	following amounts required to be reported under SFAS 116 (ASC 958) re				
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
b			▶ \$		

Page 2 Schedule D (Form 990) 2018

Pa	rt     Organizations Maintain	ing Collections of	Art, Historical Tr	easures, c	r Other	Similar Assets (	continu	ed)	
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of th	ne follow	ring that are a sig	nificant	use o	of its
	collection items (check all that app	ly):							
а	X Public exhibition		<b>d</b> X Loan	or exchang	e prograr	ms			
b	X Scholarly research		e Othe	•					
С	Preservation for future gene	rations	<del></del>						
4	Provide a description of the orga	nization's collections	and explain how	they further	er the org	ganization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art, his	torical treas	sures, or o	other similar			
	assets to be sold to raise funds ratl	ner than to be mainta	ained as part of the	organizatio	n's collec	ction? [	Yes	X	No
Pa	Complete if the organization of the Section 2009, Part X, line 21.	•	es" on Form 990,	Part IV, lin	e 9, or re	eported an amou	nt on F	orm	
1 a	Is the organization an agent, truste								_
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ble:					
						Amoun	t		
С	Beginning balance				;				
d	Additions during the year			10	k				
е	Distributions during the year				)				
f	Ending balance								
	Did the organization include an am						Yes	_	No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanatio	n has been	provided (	on Part XIII			
Pa	rt V Endowment Funds.								
	Complete if the organiza	ı							
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance	2105211700.	1930751111.	17844	79646.	1881030003.			5919.
b	Contributions	25,614,153.	54,445,964.			19,077,480.	28,	253,	,254.
С	Net investment earnings, gains,								
	and losses	137,048,791.	205,996,958.				100,		
d	Grants or scholarships	46,965,425.	37,551,792.	41,23	6,924.	40,835,838.	40,	502,	,006.
е	Other expenditures for facilities								
	and programs	47,494,219.	48,430,541.	43,18	6,748.	42,567,180.	41,	312,	,963.
f	Administrative expenses								
g	End of year balance	2173415000.	2105211700.	19307	51111.	1784479646.	188	1030	0003.
2	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (line 1g	, column (a)	)) held as:	:			
a h	Permanent endowment   69.4	4600 o/	<u>_</u> 70						
	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, a		100%						
2 2	Are there endowment funds not in	•		aro bold a	nd admin	pictored for the			
Ja	organization by:	the possession of the	ie organization tha	ale lielu a	iiu auiiiii	iistered for the		Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate						3b		<u> </u>
4	Describe in Part XIII the intended	•	•				0.0		
	rt VI Land, Buildings, and Equ		tion's endowment it	iiius.					
ıa	Complete if the organize	ation answered "Y	es" on Form 990,	Part IV, lir	ne 11a. S	See Form 990, Pa	art X, Iir	ne 10	1
	Description of property	(a) Cost or (inves		or other basis other)	(c) Acc	cumulated (eciation	d) Book v	alue	
1a	Land		37,	256,419.			37,2	56,4	119.
b	Buildings		586,	021,413.	298,2	88,360.	287,7	33,0	)53.
С	Leasehold improvements								
d	Equipment		9,	371,136.	7,6	53,041.	1,7	18,0	095.
е	Other		94,	175,080.			94,1	75,0	080.
	I. Add lines 1a through 1e. (Column		n 990. Part X. colun	nn (B), line 1	10c.)	<b></b>	420,8	82,6	547.

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Part VII Investments - Other Securities.	"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) PRIVATE EQUITY	596,981,000.	FMV
(B) REAL ASSETS	160,706,000.	FMV
(C) ABSOLUTE RETURN	524,456,000.	FMV
(D) MISCELLANEOUS OTHER	24,126,000.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,306,269,000.	
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) Des	scription	(b) Book value
_ (1)		
(2)		
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book value	е
(1) Federal income taxes		
(2) GOVERNMENT LOAN ADVANCES	2,379,2	
(3) ANNUITIES & UNITRUSTS PAYABLE	29,100,9	922.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 31,480,2	206.

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

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Schedule D (Form 990) 2018 Page 4 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. 279,497,848. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 13,078,206. 2b 2c c Recoveries of prior year grants..... -9,000,501. d Other (Describe in Part XIII.) 4,077,705. 275,420,143. 3 Subtract line 2e from line 1............... 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 14,260,272. a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . 67,791,127. 4b **b** Other (Describe in Part XIII.) 82,051,399. 357,471,542. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 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. 235,682,684. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b 2c c Other losses...... d Other (Describe in Part XIII.) 2e 235,682,684. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 14,260,272. a Investment expenses not included on Form 990, Part VIII, line 7b . . . . . . . 67,791,127. **b** Other (Describe in Part XIII.) 82,051,399. 317,734,083. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).... 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. SEE PAGE 5

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Schedule D (Form 990) 2018

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Part XIII Supplemental Information (continued)

PART III, LINE 1A

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION

WELLESLEY COLLEGE DOES NOT REPORT AS REVENUE ANY GIFTS THAT ARE WORKS OF ART. IN ADDITION, THE COLLEGE DOES NOT CAPITALIZE WORKS OF ART AS ASSETS ON ITS BALANCE SHEET. THIS TREATMENT IS PERMITTED UNDER SFAS 116. THE COLLEGE'S AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE REGARDING WORKS OF ART, HISTORICAL TREASURE, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.

PART III, LINE 4

DESCRIPTION OF ORGANIZATION'S COLLECTION

THE DAVIS MUSEUM AND CULTURAL CENTER HAS A PERMANENT COLLECTION OF APPROXIMATELY 10,000 OBJECTS DATING FROM ANCIENT TIMES TO PRESENT DAY.

INCLUDED ARE PAINTINGS, SCULPTURES, DECORATIVE OBJECTS, AND WORKS ON PAPER REPRESENTING THE CREATIVE GENIUS OF CULTURES AROUND THE WORLD. THE COLLECTION OF THE MUSEUM SERVES AS A VALUED TEACHING RESOURCE FOR STUDENTS AND FACULTY IN MULTIPLE DISCIPLINES.

PROFESSORS FREQUENTLY ASSIGN STUDENTS TO SEE AND THINK ABOUT PIECES BEING SHOWN IN THE MUSEUM; THE MUSEUM ALSO MAKES AVAILABLE WORKS FROM THE PERMANENT COLLECTION TO CLASSES MEETING IN THE MUSEUM. FUNDAMENTAL TO THE SPIRIT OF THESE EXERCISES IS THE STUDENTS' ENCOUNTERS WITH ORIGINAL WORKS OF ART, RATHER THAN REPRODUCTIONS.

IN ADDITION TO THESE FORMAL LEARNING EXPERIENCES, THE DAVIS MUSEUM PLAYS

A CENTRAL ROLE IN THE COLLEGE'S EFFORTS TO RAISE IN ITS STUDENTS AN

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 WELLESLEY COLLEGE 04-2103637 Page **5** 

#### Part XIII Supplemental Information (continued)

AWARENESS OF RICHNESS AND OF HUMAN CREATIVITY AND A RESPECT FOR DIVERSITY.

PART V, LINE 2

WELLESLEY COLLEGE HAS ADOPTED ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS FOR NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS.

FOR PURPOSES OF SCHEDULE D, LINE 2, WELLESLEY COLLEGE HAS REPORTED ENDOWMENT FUNDS WITHOUT DONOR RESTRICTIONS AS BOARD DESIGNATED OR QUASI-ENDOWMENT AND ENDOWMENT FUNDS WITH DONOR RESTRICTIONS AS PERMANENT ENDOWMENT, RESPECTIVELY.

PART V, LINE 4

INTENDED USES OF ENDOWMENT FUNDS

THE WELLESLEY COLLEGE ENDOWMENT PROVIDES CRITICAL FUNDING THAT SUPPORTS

FINANCIAL AID AND FACULTY SALARIES, MAINTAINS AND EXPANDS FACILITIES, AND

UNDERWRITES NEW INITIATIVES AND PROGRAMS. THE ENDOWMENT HAS GROWN TO

PROVIDE APPROXIMATELY 39% OF OPERATING REVENUE. WELLESLEY COLLEGES'S

STRONG AND PRUDENT FINANCIAL MANAGEMENT ENSURES THE PURCHASING POWER OF

THE ENDOWMENT FOR GENERATIONS TO COME. THE TOP USES OF THE ENDOWMENT FOR

FY2019 WERE FINANCIAL AID (52%) AND FACULTY SALARIES (38%).

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 WELLESLEY COLLEGE 04-2103637 Page 5

### Part XIII Supplemental Information (continued)

PART XI, LINE 2D

OTHER ADJUSTMENTS

UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP \$ (5,337,000)

OTHER NON-OPERATING CHANGES \$ 625,499

MINIMUM PENSION LIABILITY \$ (4,289,000)

TOTAL \$ (9,000,501)

PART XI, LINE 4B

FINANCIAL AID INCLUDING PELL GRANTS \$67,791,127

PART XII, LINE 4B

FINANCIAL AID INCLUDING PELL GRANTS \$67,791,127

Schedule D (Form 990) 2018

JSA

8E1226 1.000 8419OV 1592 3532170

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

#### **Schools**

► 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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection
Employer identification number

04-2103637

Name of the organization
WELLESLEY COLLEGE

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

Schedule E (Form 990 or 990-EZ) (2018) Page 2

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).

PART I, LINE 3

ALL COLLEGE PUBLICATIONS, INCLUDING RECRUITMENT BROCHURES AND CATALOGS, COURSES DESCRIPTION DOCUMENTS, THE COLLEGE'S WEBSITE, AND FACULTY AND STUDENT HANDBOOKS, ETC. OUTLINE THE INSTITUTION'S NONDISCRIMINATORY POLICY.

PART I, LINE 6A

WELLESLEY COLLEGE PARTICIPATES IN VARIOUS STUDENT FINANCIAL AID PROGRAMS FROM THE U.S. DEPARTMENT OF EDUCATION, INCLUDING THE FOLLOWING PROGRAMS: PELL GRANTS, SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, PERKINS LOANS, AND COLLEGE WORK-STUDY PROGRAMS.

Schedule E (Form 990 or 990-EZ) (2018)

#### SCHEDULE F (Form 990)

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

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

► Attach to Form 990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

04-2103637

Department of the Treasury Internal Revenue Service Name of the organization

Part I

WELLESLEY COLLEGE

Employer identification number

	Form 990, Part IV, line 14th	).				
1	For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?				a used to award the	X Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	ace 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 the 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
(4)	DIGHT LOTE AND THE DIGHTS		0			001 500 663
(1)	EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		201,582,663.
(2)	EUROPE	0.	0.	INVESTMENTS		222,768,273.
(3)	NORTH AMERICA	0.	0.	INVESTMENTS		19,838,916.
(4)	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS		24,047,394.
<b>(5</b> )						05.550
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	95,670.
(6)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	361,969.
(0)						332,7333
(7)	EUROPE	1.	6.	PROGRAM SERVICES	STUDY AWAY TUITION	2,674,821.
(8)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	49,040.
(9)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	252,429.
(10)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	6,940.
(10)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	SIODI AWAI IOIIION	0,940.
(11)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	141,731.
(12)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	153,513.
(13)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	11,475.
(14)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	51,832.
/1E\	EACH ACTA AND THE DAGLETO	0	0.	DDOCDAM CEDVICEC	CELIDY AWAY DDOCDAM	1 244
(15)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	1,344.
(16)	EUROPE	1.	6.	PROGRAM SERVICES	STUDY AWAY PROGRAM	1,939,971.
<u>, , , , , , , , , , , , , , , , , ,</u>						_,,,,,,,,
(17)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	55,766.
3a		2.	12.			474,033,747.
b						
	sheets to Part I	1.	6.			4,142,224.
С	Totals (add lines 3a and 3b)	3.	18.			478,175,971.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

#### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

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

OMB No. 1545-0047 **Open to Public** 

Department of the Treasury

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

Internal Nevertue Service					napeodon
Name of the organization				Employer identific	ation number
WELLESLEY COLLEGE				04-21036	37
General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization	answered "Yes" on
1 For grantmakers. Does the orga assistance, the grantees' eligibili grants or assistance?	ty for the gran	ts or assistance	e, and the selection criteri	a used to award the	X Yes No
<b>2 For grantmakers.</b> Describe in outside the United States.	_	·	·	•	nd other assistance
3 Activities per Region. (The follow	ving Part I, line	3 table can be		·	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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) NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	19,593.
(2) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	40,721.
(3) SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	58,986.
(4) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	INTERNSHIPS	10,750.
(5) NORTH AMERICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	5,000.
(6) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	INTERNSHIPS	121,900.
(7) EUROPE	1.	6.	PROGRAM SERVICES	INTERNSHIPS	113,138.
(8) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	48,500.

PROGRAM SERVICES

(17)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	214,235.
3a	Subtotal					
b	Total from continuation					
	sheets to Part I					
С	Totals (add lines 3a and 3b)					

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

3,000.

49,250.

27,600.

63,750.

103,444.

423,481.

690,837.

1,010,076.

(9) RUSSIA/INDEPENDENT STATES

(10) SOUTH AMERICA

(14) NORTH AMERICA

(16) EUROPE

(12) SUB-SAHARAN AFRICA

(13) CENTRAL AMERICA/CARIBBEAN

(15) EAST ASIA AND THE PACIFIC

(11) SOUTH ASIA

INTERNSHIPS

INTERNSHIPS

INTERNSHIPS

INTERNSHIPS

FINANCIAL AID

FINANCIAL AID

FINANCIAL AID

FINANCIAL AID

#### SCHEDULE F (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WELLESLEY COLLEGE

Employer identification number

04-2103637

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	answered "Yes" on
1	For grantmakers. Does the orga assistance, the grantees' eligibili	nization mainta			a used to award the	V v · · · ·
	grants or assistance?					X Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I line	3 table can be	a dunlicated if additional en	nace 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 the 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	(f) Total expenditures for and investments in the region
(1)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	FINANCIAL AID	84,304.
(2)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	175,610.
(3)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	551,806.
(4)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	326,243.
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b						
С	Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

WELLESLEY COLLEGE 04-2103637

Schedule F (Form 990) 2018

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									1
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)									
by tl	er total number of recipient organeer total number of recipient organeer total number of other organizer	or counsel has provi	ded a section 501(c)(3) ed	quivalency lette	foreign country, re	cognized as ta	x-exempt		

Schedule F (Form 990) 2018

# 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 AID	CENT. AMERICA/CARIBBEAN	2.	103,444.	CR. TO ACCT.			
(2) FINANCIAL AID	NORTH AMERICA	10.	423,481.	CR. TO ACCT.			
(3) FINANCIAL AID	EAST ASIA/PACIFIC	18.	690,837.	CR. TO ACCT.			
(4) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	27.	1,010,076.	CR. TO ACCT.			
(5) FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	4.	214,235.	CR. TO ACCT.			
(6) FINANCIAL AID	RUSSIA/NEWLY IND. STATES	2.	84,304.	CR. TO ACCT.			
(7) FINANCIAL AID	SOUTH AMERICA	4.	175,610.	CR. TO ACCT.			
(8) FINANCIAL AID	SOUTH ASIA	14.	551,806.	CR. TO ACCT.			
(9) FINANCIAL AID	SUB-SAHARAN AFRICA	11.	326,243.	CR. TO ACCT.			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2018

Part IV Foreign Forms Page 4

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)	X	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	X	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)	X	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)	X	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)	X	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	X	No

Schedule F (Form 990) 2018

JSA

8E1277 1.000 84190V 1592 3532170

Schedule F (Form 990) 2018 Page **5** 

### Part V Supplemental Information

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

PART I, LINE 2

MONITORING USE OF FUNDS

THE COLLEGE AWARDS AID TO MEET 100% OF A STUDENT'S DEMONSTRATED NEED. ALL AID IS CREDITED TO THE STUDENT'S ACCOUNT. IF THE STUDENT WITHDRAWS FROM WELLESLEY, THE AID IS ADJUSTED ACCORDINGLY. PAYMENTS IN CONNECTION WITH A STUDY ABROAD PROGRAM ARE MADE WHILE THE STUDENT IS LIVING OUTSIDE THE UNITED STATES. HOWEVER, AT THE TIME THE PAYMENT IS MADE, THE STUDENT IS A RESIDENT OF THE UNITED STATES.

JSA Schedule F (Form 990) 2018

8E1502 1.000 8419OV 1592

#### SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization							Employer identification number			
WELLESLEY COLLEGE						04-210363	7			
Part I General Information on Grants and	l Assistanc	е								
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand	e?					X Yes No			
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Ye	es" on Form 990,			
Part IV, line 21, for any recipient the	at received	more than \$5	,000. Part II can I	be duplicated if	additional space is n	eeded.				
(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)										
(2)										
(3)	_									
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction	ed in the line	1 table				<b>&gt;</b>	edule I (Form 990) (2018)			

Schedule I (Form 990) (2018)

## 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID	1,298.	64,211,091.			
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.

PART I, LINE 2

MONITORING USE OF FUNDS

THE COLLEGE AWARDS AID TO MEET 100% OF A STUDENT'S DEMONSTRATED NEED. ALL AID IS CREDITED TO THE STUDENT'S ACCOUNT. IF THE STUDENT WITHDRAWS FROM WELLESLEY, THE AID IS ADJUSTED ACCORDINGLY. FOR INTERNSHIPS, THE COLLEGE IS IN CONTACT WITH THE ORGANIZATIONS PROVIDING THE INTERNSHIP TO ENSURE THAT HIGH-QUALITY PROGRAMS ARE PROVIDED TO THE STUDENTS.

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WELLESLEY COLLEGE Employer identification number 04-2103637

Part	Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel  X Housing allowance or residence for personal use				
	X Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account  X Personal services (such as 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	1b	Х		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line				
	1a?	2	X		
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.				
	X Compensation committee X Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations  X 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:	4a		Х	
a	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 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				
3	compensation contingent on the revenues of:				
а	The organization?	5a		Х	
a b	Any related organization?	5b		X	
b	If "Yes" on line 5a or 5b, describe in Part III.	36			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
Ū	compensation contingent on the net earnings of:				
а	The organization?	6a	Х		
b	Any related organization?	6b		Х	
	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 on lines 5 and 6? If "Yes," describe in Part III.	7	X		
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	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9		1	

Schedule J (Form 990) 2018 Page 2

#### 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 aren't 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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
PAULA A. JOHNSON	(i)	540,299.	0.	41,482.	33,824.	90,976.	706,581.	
1 <sup>PRESIDENT</sup>	(ii)	0.	0.	0.				
PIPER ORTON	(i)	340,529.	0.	2,332.	33,824.	10,003.	386,688.	
2 P FOR FIN. & ADMIN. & TREAS.	(ii)	0.	0.	0.				
DEBORAH F. KUENSTNER	(i)	564,192.	1,084,293.	3,168.	33,824.	26,814.	1,712,291.	
3 <sup>CHIEF</sup> INVESTMENT OFFICER	(ii)	0.	0.	0.				
ANDREW SHENNAN	(i)	288,907.	30,000.	1,272.	33,824.	98,793.	452,796.	
4PROVOST AND DEAN OF COLLEGE	(ii)	0.	0.	0.				
SHEILAH HORTON	(i)	245,867.	2,000.	1,050.	13,880.	58,220.	321,017.	
5 DEAN OF STUDENTS	(ii)	0.	0.	0.				
JOY ST. JOHN	(i)	207,165.	5,000.	312.	27,731.	29,409.	269,617.	
6 DEAN-ADMISS. & STU. FIN. SVCS	(ii)	0.	0.	0.				
ANN VELENCHIK	(i)	221,508.	0.	15,924.	29,713.	19,774.	286,919.	
PEAN OF ACADEMIC AFF.	(ii)	0.	0.	0.				
RAY OQUENDO	(i)	319,449.	277,093.	1,458.	33,824.	27,848.	659,672.	
8 DIRINVEST. OPERATION	(ii)	0.	0.	0.	22.224			
ROSEANN C. CARPENTER	(i)	303,142.	281,876.	287.	33,824.	29,838.	648,967.	
9 INVESTMENT OFFICER	(ii)	0.	0.	0.	15 546	00.100	204 040	
KAREN PETRULAKIS 10 <sup>GENERAL COUNSEL</sup>	(i)	347,264.	1,000.	840.	15,546.	20,190.	384,840.	
	(ii)	0.	0.	0.	20.005	10 645	216 504	
RICHARD G. FRENCH 11 PROF. ASTRONOMY	(i)	190,456.	0.	73,758.	32,925.	19,645.	316,784.	
	(ii)	0.	0.	0.	21 571	1 007	202 015	
GANESAN RAVISHANKER  12 CHIEF INFO. OFF. & ASSOC. DEAN	(i)	257,670.	0.	2,647.	31,571.	1,027.	292,915.	
	(ii)	0.	0.	0.	25 067	11 000	247 026	
CAMERAN M. MASON  13  TO STATE OF THE STATE	(i)	160,368.	0.	50,512.	25,867.	11,089.	247,836.	
13	(ii)	0.	0.	0.				
	(i)							
14	(ii)							
	(i)							
15	(ii)							
4.0	(i)							
16	(ii)							

Schedule J (Form 990) 2018

#### Part | 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.

PART I, LINE 1A

BENEFITS PROVIDED

WELLESLEY COLLEGE'S POLICY IS THAT THE COLLEGE WILL NOT PAY FOR - OR
REIMBURSE - TRAVEL, MEALS, AND EXPENSES OF THE SPOUSE/PARTNER OF AN
EMPLOYEE WITH THE EXCEPTION OF THE PRESIDENT. SPECIFICALLY, WHILE
PERFORMING HER OFFICIAL DUTIES IN THE AREA OF DEVELOPMENT, ALUMNAE
RELATIONS, AND OTHER BUSINESS OF THE COLLEGE, THE PRESIDENT MAY BE
ACCOMPANIED BY HER SPOUSE, WHO IS EXPECTED TO MAKE AN IMPORTANT
CONTRIBUTION TO ACHIEVING THE PURPOSES OF THE TRAVEL OR EVENTS. IN THOSE
CASES, THE COLLEGE'S POLICY IS TO AUTHORIZE THE PAYMENT OF ALL TRAVEL AND
RELATED EXPENSES OF THE PRESIDENT'S SPOUSE.

THE COLLEGE PROVIDES HOUSING TO CERTAIN EMPLOYEES AS A CONDITION OF

EMPLOYMENT FOR THE CONVENIENCE AND BENEFIT OF THE COLLEGE. THE PRESIDENT,

PROVOST AND DEAN OF COLLEGE, AND DEAN OF STUDENTS EACH RECEIVED A HOUSING

ALLOWANCE. THESE HOUSING ALLOWANCE AMOUNTS WERE NOT TAXABLE AND WERE NOT

INCLUDED IN THEIR W-2. THE HOUSING REQUIREMENT AS A CONDITION OF

EMPLOYMENT IS DOCUMENTED IN THE EMPLOYEE'S FILES. THE COLLEGE WILL NOT

PAY FOR PERSONAL SERVICES WITH THE EXCEPTION OF THE PRESIDENT'S HOUSE.

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

#### Part | 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.

BECAUSE THE PRESIDENT'S HOUSE IS USED EXTENSIVELY FOR COLLEGE BUSINESS,

HOUSEKEEPING SERVICES ARE PROVIDED FOR THE GENERAL SPACE. A CHEF WILL BE

AT THE PRESIDENT'S HOUSE TO PROVIDE MEALS FOR BUSINESS PURPOSE FUNCTIONS.

PERSONAL SERVICES PROVIDED TO EMPLOYEES ARE APPROPRIATELY REPORTED AS

TAXABLE COMPENSATION.

PART I, LINE 6A

PAYMENTS CONTIGENT OF NET EARNINGS

EMPLOYEES IN THE INVESTMENT OFFICE HAVE AN INCENTIVE PERFORMANCE-RELATED

BONUS SYSTEM BASED ON THE INVESTMENT PERFORMANCE OF THE WELLESLEY COLLEGE

ENDOWMENT. TOTAL COMPENSATION IS REVIEWED IN COMPARISON TO MARKET DATA

PROVIDED BY INDEPENDENT THIRD PARTIES.

PART I, LINE 7

NONFIXED PAYMENTS

EMPLOYEES OTHER THAN INVESTMENT OFFICE EMPLOYEES ARE ABLE TO RECEIVE

MERIT-BASED BONUS COMPENSATION.

#### **SCHEDULE K** (Form 990)

Department of the Treasury

## **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, 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. Internal Revenue Service Name of the organization

OMB No. 1545-0047 Open to Public Inspection

WELLESLEY COLLEGE

Employer identification number 04-2103637

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) De	(g) Defeased		eased (h) On behalf of issuer		oole
						Yes	No	Yes	No	Yes	N
A MHEFA 2008 SERIES I	04-2456011	57586CP25	01/28/2008	57,385,000.	CONSTRUCTIONS - REFIN. 1999 ISSUE	:	х		х		Х
<b>B</b> mdfa 2012 Series j	04-3431814	57583UNP9	04/01/2012	55,497,618.	CONSTRUCTION		х		Х		х
C MDFA 2018 SERIES L	04-3431814	57584YES4	03/01/2018	105,663,450.	CONSTRUCTION - REFIN. 1992 ISSUE		х		х		х
D											

Part II Proceeds								
		Α		В		C		)
1 Amount of bonds retired					1,0	020,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue	57,3	885,000.	55,4	97,618.	96,5	500,000.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	Ę	30,057.	3	94,458.	3	332,680.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	25,4	147,000.	55,1	03,160.	61,495,168.			
11 Other spent proceeds	31,407,943.		4,8	325,000.				
12 Other unspent proceeds					29,3	347,152.		
13 Year of substantial completion	201	.0	2015					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
if issued prior to 2018, a current refunding issue)?		x		X	X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
issued prior to 2018, an advance refunding issue)?	Х			X		x		
16 Has the final allocation of proceeds been made?	X		X			Х		
17 Does the organization maintain adequate books and records to support the								
final allocation of proceeds?	Х		Х		Х			
For Panerwork Reduction Act Notice see the Instructions for Form 990							hadula V (Ea	000) 00

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

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Page 2 Schedule K (Form 990) 2018

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	C No	I	D
1 Was the organization a partner in a partner only, or a member of an EEs,	s No		
which owned property financed by tax-exempt bonds?		Yes	No
	X		
2 Are there any lease arrangements that may result in private business use of			
bond-financed property?	X		
3a Are there any management or service contracts that may result in private			
business use of bond-financed property?			
<b>b</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? X X X			
c Are there any research agreements that may result in private business use of			
bond-financed property?	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? X			
4 Enter the percentage of financed property used in a private business use by entities	•	,	0.4
other than a section 501(c)(3) organization or a state or local government ▶ % %	9/	6	<u>%</u>
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,	0.	,	0/
another section 501(c)(3) organization, or a state or local government	9/		<u>%</u>
		(o	<u>%</u>
1. Book the bond hook the private cooming of payment cont.	^_		
8a Has there been a sale or disposition of any of the bond-financed property to a	X		
The figure of the first than a content than a content to be fined to be dead.	Λ		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	9/	,	0/
		O	<u>%</u>
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		
Part IV Arbitrage	Λ		
A B	С		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes		Yes	No
Penalty in Lieu of Arbitrage Rebate?	X	103	- 110
2 If "No" to line 1, did the following apply?			
a Rebate not due yet?X X			
b Exception to rebate?	X		
c No rebate due?	Х		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was			
performed			
3 Is the bond issue a variable rate issue?			

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Pai	Arbitrage (Continued)								
			A	ı	3	(	C	Г	)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?	X			Х		X		
b	Name of provider	JP MORGAN							
	Term of hedge		31.440						
d	Was the hedge superintegrated?		Х						
	Was the hedge terminated?		Х						
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		
b	Name of provider								
	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			Х		X		
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	X		X		X			
Pai	rt V Procedures To Undertake Corrective Action								
			A	ı	3	(	C	D	
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	X		X		X			
Par	Supplemental Information. Provide additional information for responses t	to question	ns on Sche	dule K. Se	ee instruct	ions			

Schedule K (Form 990) 2018

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

PART III, LINES 3C AND 3D

COLUMN A - MHEFA 2008 SERIES I

THERE ARE RESEARCH AGREEMENTS THAT INVOLVE THE USE OF BOND FINANCED SPACE

WHICH THE COLLEGE ROUTINELY ENGAGES BOND COUNSEL TO REVIEW WHETHER ANY

RESEARCH AGREEMENTS RESULT IN PRIVATE BUSINESS USE. BASED ON REVIEW, NO

KNOWN PRIVATE BUSINESS USE IS EVIDENT.

PART IV, LINE 2

COLUMN A - MHEFA 2008 SERIES I

THE MHEFA 2008 SERIES I BOND ISSUE MEETS THE 6-MONTH EXCEPTION OF THE REBATE REQUIREMENT, AS THE GROSS PROCEEDS FROM THE BOND ISSUE WAS SPENT

WITHIN 6 MONTHS OF THE ISSUE DATES.

COLUMN C - MDFA 2008 SERIES L

THE FIRST REBATE CALCULATION FOR THE MDFA SERIES L BOND IS DUE MARCH 1,

2023.

JSA

Schedule K (Form 990) 2018

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#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

WELLESLEY COLLEGE

Employer identification number 04-2103637

Par	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 dete noncash contribution		
1	Art - Works of art	X		0.			
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		212.	6,449,009.	SELLING PRIC	E/FM	V
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ▶ (OTHER PERS.PP )	Х	1.	1.	FMV/\$1 FOR T	RACK	ING
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the org	anization during the tax v	ear for contributions for			
	which the organization completed I		•		29		
	γ	,	, , , , , , , , , , , , , , , , , , , ,	,		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through		
	28, that it must hold for at least the				-		
	to be used for exempt purposes for	-			-		X
b	If "Yes," describe the arrangement i		01				
31	Does the organization have a		tance policy that require	es the review of anv	nonstandard		
	contributions?			-		Х	
32a	Does the organization hire or use						
	contributions?	•	· ·	• •		X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked.		
	describe in Part II.		(-)) F   P	, , ,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2018

Schedule M (Form 990) (2018) Page **2** 

**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.

PART I, LINE 32B

USE OF THIRD PARTIES

WELLESLEY COLLEGE USES A SECURITIES BROKER TO SELL ALL DONATED PUBLICLY

TRADED SECURITIES. THE FEES CHARGED BY THE BROKER ARE AT FAIR MARKET

VALUE.

PART I, LINE 33

ACCOUNTING FOR WORKS OF ART

IN ITS BALANCE SHEET.

WELLESLEY COLLEGE DOES NOT REPORT AS REVENUE ANY GIFTS THAT ARE WORKS OF ART. IN ADDITION, THE COLLEGE DOES NOT CAPITALIZE WORKS OF ART AS ASSETS

JSA Schedule M (Form 990) (2018)

84190V 1592

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

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

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

WELLESLEY COLLEGE

Name of the organization

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

Employer identification number 04-2103637

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW

FORM 990 WAS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE COLLEGES'S FINANCE OFFICE. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS FORM 990 AND ALL REQUIRED SCHEDULES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990 AND ALL REQUIRED SCHEDULES ARE ALSO DISTRIBUTED TO THE FULL BOARD OF TRUSTEES BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 PROVIDED TO GOVERNING BODY

THE COLLEGE HAS DISTRIBUTED FORM 990 TO THE FULL BOARD OF TRUSTEES WITH

THE EXCEPTION OF DONOR INFORMATION ON SCHEDULE B. BECAUSE OF SCHEDULE B'S

PRIVATE AND CONFIDENTIAL NATURE, THE COLLEGE HAS CHOSEN NOT TO DISCLOSE

THE IDENTITIES AND ADDRESSES OF ITS DONORS. AS SUCH, WE ARE REQUIRED TO

ANSWER THE QUESTION ON LINE 11A "NO" EVEN THOUGH THE BOARD RECEIVES ALL

OF FORM 990 EXCEPT FOR DONORS' NAMES AND ADDRESSES.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING AND ENFORCEMENT OF CONFLICT POLICY

CONFLICT OF INTEREST POLICIES ARE IN PLACE FOR TRUSTEES, OFFICERS,

EXTERNAL INVESTMENT COMMITTEE MEMBERS, AND ALL EMPLOYEES. TRUSTEES AND

OFFICERS ARE REQUIRED TO DISCLOSE - AT LEAST AS OFTEN AS ANNUALLY AND

WHENEVER A POTENTIAL CONFLICT ISSUE ARISES - FINANCIAL OR PERSONAL

INTERESTS WHICH MAY GIVE RISE TO CONFLICTS. THE CLERK OF THE BOARD OF

TRUSTEES PROVIDES AN ANNUAL REPORT TO THE TRUSTEES SUMMARIZING THE CONFLICT OR POTENTIAL CONFLICTS ISSUES. AT LEAST ANNUALLY, THE TRUSTEES REVIEW THE COLLEGE'S RELATIONSHIPS WITH SIGNIFICANT VENDORS OR SERVICE PROVIDERS SERVING THE COLLEGE TO ASSURE THAT SUCH RELATIONSHIPS ARE IN THE BEST INTEREST OF THE COLLEGE AND ARE OTHERWISE CONSISTENT WITH THE TERMS OF THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION REVIEW AND APPROVAL

THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS OF THE COLLEGE IS

DETERMINED BY THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF

TRUSTEES. THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES UTILIZES

INDEPENDENT EXTERNAL CONSULTANTS TO ASSIST WITH BOTH THE REVIEW OF

COMPENSATION GUIDELINES AND THE GATHERING OF COMPARABILITY DATA IN

DETERMINING THE REASONABLENESS OF COMPENSATION AND COMPLIANCE WITH THE

PROCEDURES DESCRIBED IN TREASURY REGULATION SECTION 53.4958-6, INCLUDING

CONTEMPERANEOUS DOCUMENTATION OF COMPENSATION DECISIONS. KEY EMPLOYEES ARE

COMPENSATED BASED UPON THE GUIDELINES THE COLLEGE HAS FOR ADMINISTRATIVE

AND FACULTY EMPLOYEES. THESE GUIDELINES INCLUDE REVIEW OF THE MARKET BY

LOOKING AT SALARIES FOR COMPARABLE POSITIONS AS WELL AS A MERIT PROGRAM

BASED ON PERFORMANCE. COMPENSATION DECISIONS ARE MADE BY PERSONS WHO ARE

INDEPENDENT OF THE EMPLOYEES FOR WHOM THE COMPENSATION IS BEING

DETERMINED.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS

A COPY OF THE BUSINESS CONDUCT POLICY WHICH INCLUDES THE CONFLICT OF

Name of the organization Employer identification number WELLESLEY COLLEGE 04-2103637

INTEREST POLICY IS GIVEN TO ALL NEW EMPLOYEES UPON HIRE. BOTH THE BUSINESS CONDUCT POLICY AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE. THE COLLEGE'S ORGANIZING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART X, LINES 27, 28, AND 29 WELLESLEY COLLEGE HAS ADOPTED ASU 2016-14, PRESENTATION OF THE FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES. AS A RESULT, THE JUNE 30, 2019 AUDITED FINANCIAL STATEMENTS CLASSIFY NET ASSETS AS EITHER NET ASSETS WITHOUT DONOR RESTRICTIONS, OR NET ASSETS WITH DONOR RESTRICTIONS.

FOR PURPOSES OF FORM 990, PART X, LINES 27, 28, AND 29, WELLESLEY COLLEGE HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTIONS AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTIONS AS PERMANANTLY RESTRICTED NET ASSETS, RESPECTIVELY.

FORM 990, PART XI, LINE 9

UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP \$ (5,337,000)

OTHER NON-OPERATING CHANGES \$ 625,499

MINIMUM PENSION LIABILITY \$ (4,289,000)

TOTAL \$ (9,000,501)

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

FRANCE

ITALY

MEXICO

Name of the organization
WELLESLEY COLLEGE
04-2103637
ATTACHMENT 2

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION			
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE - 2ND FLOOR BOSTON, MA 02210	CONSTRUCTION	65,594,803.			
SKIDMORE, OWINGS & MERRILL LLP 14 WALL STREET NEW YORK, NY 10005	ENGINEERING	7,429,085.			
ELAINE CONSTRUCTION COMPANY 1037 CHESTNUT STREET NEWTON UPPER FALLS, MA 02464	CONSTRUCTION	2,324,630.			
TRUIMPH MODULAR INC. 194 AYER ROAD LITTLETON, MA 01460	CONSTRUCTION	2,131,698.			
DACON CORPORATION 16 HURON DRIVE NATICK, MA 01760	CONSTRUCTION	1,920,310.			

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

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** WELLESLEY COLLEGE 04-2103637

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) WELLESLEY COLLEGE FOUNDATION UK LIMITED 98-1196154 19 NORCOTT ROAD UK N16 7EJ LONDON, EDUCATION UK 492,368. 6,940. WELLESLEY (2) (3) (4) (5) (6)

**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. Part II

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	g) 512(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

JSA 8E1307 1.000

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Schedule R (Form 990) 2018

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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.

	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	512(b	) tion i)(13) olled ity?
							Yes	No
SUPPORT	MA	N/A	TRUST				х	
SUPPORT	MA	N/A	TRUST				х	
								—
								_
		SUPPORT MA	country)  SUPPORT MA N/A	SUPPORT MA N/A TRUST	SUPPORT MA N/A TRUST	Country)  SUPPORT  MA  N/A  TRUST	SUPPORT MA N/A TRUST	SUPPORT MA N/A TRUST X

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Part V	Transactions With Related Organizations. Complete if the organiza	tion answered "Yes" o	n Form 990, Par	rt 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	Yes No	
1 D	During the tax year, did the organization engage in any of the following transaction	s with one or more relate	ed organizations lis	sted in Parts II-IV?				
a R	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a	X	
<b>b</b> G	Gift, grant, or capital contribution to related organization(s)					1b	X	
	Gift, grant, or capital contribution from related organization(s)					1c	X	
d L	oans or loan guarantees to or for related organization(s)					1d	X	
e L	oans or loan guarantees by related organization(s)					1e	X	
f D	Dividends from related organization(s)					1f	Х	
g S	Sale of assets to related organization(s)					1g	X	
	Purchase of assets from related organization(s)				⊢	1h	X	
	exchange of assets with related organization(s)				⊢	1i	X	
j L	ease of facilities, equipment, or other assets to related organization(s)					1j	X	
						1k	X	
	k Lease of facilities, equipment, or other assets from related organization(s)							
	Performance of services or membership or fundraising solicitations for related orga					11	X	
m P	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1	1 m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n	X	
<b>o</b> S	Sharing of paid employees with related organization(s)					10	X	
D	Reimbursement paid to related organization(s) for expenses					1p	x	
	Reimbursement paid to related organization(s) for expenses					1q	X	
<b>q</b> R	Reimbursement paid by related organization(s) for expenses					14		
	Other transfer of cash or property to related organization(s)					1r	х	
	Other transfer of cash or property to related organization(s)					1s	Х	
2 If	f the answer to any of the above is "Yes," see the instructions for information on w	ho must complete this li	ine, including cove	ered relationships and trans	action thresh		i.	
	(a)		(b)	(c)		(d)		
	Name of related organization		Transaction type (a-s)	Amount involved	Method of amount			
(1) I	POOLED INCOME FUNDS (5)	S		84,659.	ACCRUAL			
(2)	CHARITABLE REMAINDER TRUSTS (2)	S		2,609,924.	ACCRUAL			
(3)								
(4)								
(5)								
(6)		1						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(b) (c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?		(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	
			sections 512-514)	Yes	No			Yes	No		Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)												_		
(12)														
(13)												_		
(14)														
(15)														
(16)														

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

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