# 10

orm **990** 

Department of the Treasury Internal Revenue Service

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

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year begin	nning 07/	01 <b>,2019</b>	, and er	nding		06	/30 <b>,20</b>	20	
_		C	Name of organization					D Employer id	lentific	cation numb	er	
Вс	heck if ap	oplicable:	WELLESLEY COLLEGE									
	Addre		Doing Business As					04-210	363	7		
	7 -	change	Number and street (or P.O. box if mail is	not delivered to street address)	)	Room/su	ite	E Telephone number				
	Initial	return	106 CENTRAL STREET					(781) 28	3 – 1	.000		
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amen		WELLESLEY, MA 02481-82	203				<b>G</b> Gross receip	ots \$	747,	755,637.	
		cation	Name and address of principal officer:	PAULA A. JOHN	SON			H(a) Is this a gro		rn for	Yes X No	
	_ po.iai	9	106 CENTRAL STREET, W	ELLESLEY, MA 024	81			subordinates <b>H(b)</b> Are all subor		ncluded?	Yes No	
ī	Tax-ex	empt stati	us: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or	527	If "No," atta	ich a lis	t. (see instructi	ons)	
J	Websi	ite: N	WW.WELLESLEY.EDU					H(c) Group exen	nption n	umber		
K	Form o	of organiz	ation: X Corporation Trust	Association Other		L Ye	ear of formati	ion: 1870 <b>M</b>			nicile: MA	
	art I		mary	1		I		<u> </u>				
		Briefly	describe the organization's mission or	r most significant activities:	TO PRO	OVIDE	AN EXC	ELLENT LI	BER	AL ARTS	<del></del>	
ø			ATION FOR WOMEN WHO WIL									
and												
Governance	2	Check t	this box  if the organization di	scontinued its operations	or dispose	ed of more	 e than 25%	of its net asset	 ts.			
ĝ	l .		r of voting members of the governing						3		30.	
			r of independent voting members of t						4		29.	
ties			umber of individuals employed in cale						5		3,345.	
Activities &			umber of volunteers (estimate if necess						6		0.	
Ac	7a	Total ur	nrelated business revenue from Part V	III, column (C), line 12					7a	-7,	553,791.	
			elated business taxable income from I						7b		0	
				· · · · · · · · · · · · · · · · · · ·				Prior Year	_	Curre	ent Year	
•	8	Contrib	utions and grants (Part VIII, line 1h)	ı		Y FOR	$\neg$	35,590,69	93.	86,	543,194.	
une	9	Progran	n service revenue (Part VIII, line 2g)	1	65,583,0	78.	162,	690,748.				
Revenue			nent income (Part VIII, column (A), line		PUBLIC II	NSPECTI	ON 1	42,231,28	39.	81,	736,189.	
Ř			evenue (Part VIII, column (A), lines 5,				_	14,066,48	32.		489,758.	
			evenue - add lines 8 through 11 (must				· ·	57,471,54			459,889.	
			and similar amounts paid (Part IX, colu					67,791,12	27.	67,	876,071.	
			s paid to or for members (Part IX, colu						0.		0	
s			s, other compensation, employee bene		43,673,43	37.	143,	567,624.				
nse			sional fundraising fees (Part IX, column		0.		0					
Expenses	b	Total fu	indraising expenses (Part IX, column (I	" "								
ш			expenses (Part IX, column (A), lines 11					06,269,53	19.	100,	857,169.	
			penses. Add lines 13-17 (must equal					17,734,08	33.	312,	300,864.	
	19		e less expenses. Subtract line 18 from					39,737,45	59.	30,	159,025.	
or							Begin	ning of Current	Year	End o	of Year	
sets	20	Total as	ssets (Part X, line 16)				2,8	55,285,99	99.	2,991,	368,758.	
Net Assets or Fund Balances	21	Total lia	abilities (Part X, line 26)				4	78,701,00	01.	505,	419,759.	
Fe	22	Net ass	ets or fund balances. Subtract line 21	from line 20			2,3	76,584,99	98.	2,485,	948,999.	
Pa	rt II	Sigr	nature Block									
Und	der per	nalties of	perjury, I declare that I have examined this	is return, including accompar	nying sched	ules and s	tatements, a	and to the best of	f my l	knowledge a	and belief, it is	
true	e, corre	ect, and co	omplete. Declaration of preparer (other than	officer) is based on all inform	lation of whi	ich prepar	er nas any kn	Towleage.				
٠.								05/1	4/2	021		
Sig		Si	ignature of officer					Date				
He	re	P	IPER ORTON		VP FII	N/ADMI	N/TREA	S				
		Ty	ype or print name and title									
D		Print/Ty	/pe preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paid		SMIT	A BALIGA			05/	14/202	1 self-employ	/ed	P01643	271	
	oarer	Firm's n	name ▶ KPMG LLP					Firm's EIN	13-	556520	7	
_	Only	Firm's a	address ▶ 60 SOUTH STREET	BOSTON, MA 02113	1			Phone no.	617	-988-1	000	
Мау	the II	RS disc	uss this return with the preparer show	n above? (see instructions)						. X Ye	s No	
For	Pape	rwork R	eduction Act Notice, see the separat	e instructions.							990 (2019)	

WELLESLEY COLLEGE

Page 2
Part III Statement of Program Service Accomplishments

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE AN EXCELLENT LIBERAL ARTS EDUCATION FOR WOMEN WHO WILL
	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? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
	(Code:) (Expenses \$157,490,875. including grants of \$) (Revenue \$158,547,592. )
	OUTSTANDING EDUCATION: WELLESLEY COLLEGE 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 \$ 70,502,903. including grants of \$ 67,876,071. ) (Revenue \$ )
	WELLELSEY COLLEGE HAS 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.
	APPROXIMATELY 60% OF THE STUDENT BODY RECEIVES FINANCIAL AID 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 \$13,515,877. including grants of \$) (Revenue \$13,515,877. )
	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.
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 241,509,655.

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Form 990 (2019)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		3.5
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	4	ı l	-

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the executation report more than \$5,000 of greats or other assistance to as for demostic individuals on		162	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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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,"			v
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	21	
04	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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		30		
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(0.5.1
9E1030	2.000 84190V 1592 3532170	Form		(2019) AGE
	33321/0		r i	, u

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Par	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 3,345			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		X
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).			
	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		
	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			
	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		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	Х	
	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 on	Schedule O.	See instructions	S.
Check if Schedule O.co.	ntains a respon	ase or note to any line in this F	Part VI			T <sub>X</sub>	7

Sect	ion A. Governing Body and Management							
0000	1011 A. Coverning Body and management				Yes	No		
4.	Established the second of the	1a	30					
та	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	- i u						
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.	1b	29					
	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		-	2		Х		
_	any other officer, director, trustee, or key employee?					-		
3	Did the organization delegate control over management duties customarily performed by or un			3		Х		
	supervision of officers, directors, trustees, or key employees to a management company or other p			4		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			5		X		
5	Did the organization become aware during the year of a significant diversion of the organization's			6		X		
6								
7a	Did the organization have members, stockholders, or other persons who had the power to el			70		Х		
	one or more members of the governing body?			7a				
b	Are any governance decisions of the organization reserved to (or subject to approval			76		X		
_	stockholders, or persons other than the governing body?			7b				
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during					
	the year by the following:			0.0	Х			
a	The governing body?			8a 8b	X	-		
b	Each committee with authority to act on behalf of the governing body?			OD	21	-		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Secti	on B. Policies (This Section B requests information about policies not required by the Inte				)			
OCOL	on b. I divided (This decision b requests information about policies not required by the inte	mai	tovonac	Codo	·/ Yes	No		
100	Did the organization have lead chanters branches or offiliates?			10a		Х		
	Did the organization have local chapters, branches, or affiliates?			···				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt prices.			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	iiiig tii	C IOIIII: •					
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							
-	rise to conflicts?		•	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the p							
•	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	X			
15	Did the process for determining compensation of the following persons include a review ar							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		•					
а	The organization's CEO, Executive Director, or top management official			15a	X			
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	r arra	ngement					
	with a taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization							
	participation in joint venture arrangements under applicable federal tax law, and take steps to							
	organization's exempt status with respect to such arrangements?			16b				
Sect	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),		and 990-T	(Sec	tion 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap  Own website X Another's website X Upon request Other (explain on Science)		a ())					
46			,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing document for a solid state of the problem of the solid state o	nents,	conflict o	ī intei	est p	olicy,		
20	and financial statements available to the public during the tax year.	0001	and *a===!	۰.				
20	State the name, address, and telephone number of the person who possesses the organization's larger orton 106 central street wellesley, MA $02481$	JOOKS	and record	5 🟲				

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84190V 1592 3532170 PAGE 7 Form 990 (2019) WELLESLEY COLLEGE 04-2103637 Page **7** 

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than construction is both construction. Highest compensated	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u>a</u>				
(1) DEBORAH F. KUENSTNER	60.00									
CHIEF INVESTMENT OFFICER	0.			Х				981,859.	0.	61,701.
(2) ROSE C. CARPENTER	60.00									
INVESTMENT OFFICER	0.					Х		685,412.	0.	64,766.
(3) PAULA A. JOHNSON	70.00									
PRESIDENT	0.	Х		Х				585,640.	0.	138,371.
(4) RAY OQUENDO	60.00									
DIRINVEST. OPERATION	0.					X		649,940.	0.	60,669.
(5) ANDREW SHENNAN	60.00								_	
PROVOST AND DEAN OF COLLEGE	0.			Х				328,148.	0.	136,828.
(6)KAREN PETRULAKIS	60.00							244 227		
GENERAL COUNSEL	0.					X		361,827.	0.	55,038.
(7) PIPER ORTON	60.00							260 500		40 566
VP FOR FIN. & ADMIN. & TREAS.	0.			Х				368,528.	0.	43,766.
(8) SHEILAH HORTON	60.00							056 000		120 100
DEAN OF STUDENTS	0.				X			256,288.	0.	130,127.
(9) RICHARD G. FRENCH	60.00							000 446		F2 261
PROFESSOR OF ASTRONOMY	0.					X		270,446.	0.	53,361.
(10) RAVI RAVISHANKER	60.00					٦,,		266 010		22.060
CIO & ASSOC. DEAN	0.					X		266,810.	0.	33,068.
(11) ANN VELENCHIK	60.00				7.			045 772	0.	E0 700
DEAN OF ACADEMIC AFF.	60.00				X			245,773.	0.	50,789.
(12) JOY ST. JOHN DEAN-ADMISS. & STU. FIN. SVCS	0.				X			217,618.	0.	58,098.
(13) MARY CASEY	60.00							21/,010.	0.	30,098.
VP FOR DEVELOPMENT	0.			Х				235,968.	0.	12,050.
(14) MEGAN NUNEZ	60.00					-		233,300.	0.	12,030.
DEAN OF FACULTY AFFAIRS	00.00				X			162,301.	0.	39,141.
DEAM OF PACCELL AFFAIRS	1 0.				/\			102,301.	0.	37,141.

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WELLESLEY COLLEGE

Part VII Section A. Officers, Director	s. Trustees. Ke	v En	nplo	over	es.	and F	lia	hest Compensat	ed Employees (c	Page (
(A)	(B)		··p··c		) ()	<u> </u>	9	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations	box,	unles	Pos heck ss pe	ition more rson lirect	e than o is both or/trust emplo	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
	below dotted line)	Individual trustee or director	Institutional trustee	er e	Key employee	Highest compensated employee	er	(W 2/1000 Miles)		and related organizations
15) DEBORA DE HOYOS	12.00									
CHAIR	0.	X						0	0.	
16) THOMAS FAUST	10.00									
VICE CHAIR	0.	X						0	0.	
17) KENNETH G. BARTELS	2.00									
TRUSTEE	0.	X						0	0.	
18) M. AMY BATCHELOR	2.00									
TRUSTEE	0.	Х						0	0.	
19) BRIAN C. BRODERICK	2.00									
TRUSTEE	0.	X						0	0.	
20) RUTH CHANG	2.00									
TRUSTEE	0.	X						0	0.	
21) ANNE SHEN CHAO	2.00									
TRUSTEE	0.	X						0	0.	
22) CALLIE CROSSLEY	2.00								_	
TRUSTEE	0.	Х						0	0.	
23) OPHELIA DAHL	2.00									
TRUSTEE	0.	X						0	0.	
24) SUZANNE FREY	2.00	37							0	
TRUSTEE	0.	X						0	0.	
25) LAURA DAIGNAULT GATES TRUSTEE	2.00	X						0	0	
	0.	Λ						5,616,558.	0.	937,773
1b Sub-total								0.	0.	937,773
c Total from continuation sheets to Part								5,616,558.	0.	937,773
d Total (add lines 1b and 1c)									- 1	931,113
reportable compensation from the organ		nose 25(		eu ai	OOVE	e) who	эте	eceived more than	\$100,000 01	
Toportable compensation from the organ	iization >	20								Yes No
2 Did the consciention list one former					_				·	Tes No
3 Did the organization list any former employee on line 1a? If "Yes," complete s										3 X
4 For any individual listed on line 1a, is organization and related organization										
individual										4 X
										-
5 Did any person listed on line 1a receifor services rendered to the organization										5 X
Section B. Independent Contractors	100, 00111p10	.5 501		0	.01	34011	1001	<del></del>		
1 Complete this table for your five highes	t compensated i	ndepe	ende	ent o	con	tracto	rs t	that received more	than \$100.000 o	f
compensation from the organization. Re 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 ▶ 94

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WELLESLEY COLLEGE

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo			and F	iigl		ed Employees (d	continued)
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	unles	s per	more rson	e than or	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee		Key employee	ru Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
26) JUDITH B. HALE	2.00									
TRUSTEE	0.	X						0	0.	(
27) CHERYL HAYWOOD	2.00									
TRUSTEE	0.	X						0	0.	1
28) AMANDA HERNANDEZ	2.00							_	_	
TRUSTEE	0.	X						0	0.	1
29) MAIA HEYMANN	2.00									
TRUSTEE	0.	X						0	0.	1
30) SANDRA HORBACH	2.00	37								,
TRUSTEE	2.00	X						0	0.	(
TRUSTEE	$-\frac{2.00}{0.}$	X						0	0.	
32) SUSAN KOENIGSBERG LUCAS	2.00	Λ						0	. 0.	
TRUSTEE	$-\frac{2.00}{0}$	X						0	0.	
3) LAURA RUSSELL MALKIN	2.00	Λ						0	. 0.	
TRUSTEE	$-\frac{2.00}{0.}$	X						0	0.	
4) ELLEN R. MARRAM	2.00	21						0	·	
TRUSTEE		X						0	0.	
5) LAWRY JONES MEISTER	2.00							,	, , ,	
TRUSTEE		X						0	0.	
6) CHRISTOPHER T. PASKO	2.00									
TRUSTEE	0.	X						0	0.	
1b Sub-total							_	0.	0.	0
c Total from continuation sheets to Part VII,	Section A		• • •		• •					
d Total (add lines 1b and 1c)	-						•			
2 Total number of individuals (including but no						e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization		250				,				
										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	If	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive o	r accrue co	mpen	satio	on f	ron	n any	unı	related organization	on or individual	
for services rendered to the organization? If "	Yes," comple	te Scl	hedu	ıle J	for	such	per	son		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest concompensation from the organization. Report										

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 ►

Form **990** (2019)

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WELLESLEY COLLEGE 04-2103637

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E)  Reporta compensation relate organiza	on from	Est am	(F) timated ount of other censation	on
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatior I related nization	n I
37) LIA GELIN POORVU TRUSTEE	2.00	X						0.		0.			0
38) JENNIFER SMITH	2.00	21											
TRUSTEE	0.	Х						0.		0.	l		0
39) DIANA SORENSEN	2.00												
TRUSTEE	0.	Х						0.		0.	l		0
40) GRACE Y. TOH	2.00												
TRUSTEE	0.	Х						0.		0.			0
41) SUE WAGNER	2.00												
TRUSTEE	0.	Х						0.		0.	ļ		0
42) ALVIA J. WARDLAW	2.00										l		
TRUSTEE	0.	X						0.		0.	<b></b>		0
43) MARY H. WHITE	2.00										l		
TRUSTEE	0.	X						0.		0.	<u> </u>		0
	<del> </del>												
	L										l		
											<b></b>		
1b Sub-total								0.		0.	<b></b>		0.
c Total from continuation sheets to Part VII, S	•						<b>&gt;</b>				<u> </u>		
d Total (add lines 1b and 1c)							<u> </u>		<b>1</b>				
2 Total number of individuals (including but not reportable compensation from the organization				ed al	bove	e) who	o re	eceived more than	\$100,000	)t			
Teportable compensation from the organization		250									$\overline{}$	Yes	No
2 Did the constitution list care former office					_					_41		res	NO
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3		X
• • •													
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	) If	"Yes	3,"	complete Schedu	le J for	such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on t	fron	n any	un	related organization	on or indivi	idual	5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>													
(A)								(B)			(C)		
Name and business add	dress							Description of se	rvices	C	Compens	ation	
							1						

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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Form 990 (2019)

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# Part VIII Statement of Revenue

	Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
1a	Federated campaigns 1a					
d e f	Membership dues 1b					
С	Fundraising events 1c					
d	Related organizations 1d					
е	Government grants (contributions) 1e	5,552,193.				
f	All other contributions, gifts, grants,					
<u> </u>	and similar amounts not included above . 1f	80,991,001.				
g	Noncash contributions included in					
2	lines 1a-1f 1g \$	17,874,185.				
h h	Total. Add lines 1a-1f	<u></u> ▶	86,543,194.			
		Business Code				
2a b c d	STUDENT TUITION AND FEES	900099	132,194,801.	132,194,801.		
b	STUDENT ROOM AND BOARD	900099	29,056,875.	29,056,875.		
С	WELLESLEY CENTER FOR WOMEN	900099	1,439,072.	1,439,072.		
d						
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f		162,690,748.			
3	Investment income (including dividends, in	· · · · · · · · · · · · · · · · · · ·				
	other similar amounts)		9,537,779.		-10,130,353.	19,668,13
5	Income from investment of tax-exempt bond pr		231,158.			231,15
3	Royalties	(ii) Personal	0.			
	\(\frac{1}{2}\)	(II) I CISOIIdi				
6a	Gross rents 6a					
b	Less: rental expenses 6b					
C	Rental income or (loss) 6c		0.			
d   7a	Net rental income or (loss)	(ii) Other	0.			
'a	sales of assets	(ii) Guioi				
	other than inventory <b>7a</b> 477,263,000.					
b	Less: cost or other basis					
"	and sales expenses <b>7b</b> 405,295,748.					
C						
d	Net gain or (loss)	▶	71,967,252.		459,525.	71,507,72
8a	Gross income from fundraising					
Oa	events (not including \$					
	of contributions reported on line					
	1c). See Part IV, line 18 8a	0.				
b	Less: direct expenses 8b	0.				
C	Net income or (loss) from fundraising events	▶	0.			
9a	Gross income from gaming					
	activities. See Part IV, line 19 9a	0.				
b	Less: direct expenses 9b	0.				
С	Net income or (loss) from gaming activities.	▶	0.			
10a	Gross sales of inventory, less					
	returns and allowances 10a	0.				
b	Less: cost of goods sold	0.				
С	Net income or (loss) from sales of inventory	▶	0.			
		Business Code				
11a	AUXILIARY ENTERPRISES	900099	4,974,755.	4,970,992.	3,763.	
b	WELLESLEY COLLEGE CLUB	722320	894,914.	235,547.	659,367.	
С	NEHOIDEN GOLF CLUB	713990	1,453,907.		1,453,907.	
11a b c	All other revenue		4,166,182.	4,166,182.		
е	Total. Add lines 11a-11d	▶	11,489,758.			
12	Total revenue. See instructions	▶	342,459,889.	172,063,469.	-7,553,791.	91,407,01
51 2.00		▶	342,459,889.	172,063,469. 3532170		91,4 Form <b>99</b> (

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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 response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b, 7b,		(B)						
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
	Grants and other assistance to domestic organizations		5.17 5.1.555	general superiors					
•	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	62,750,056.	62,750,056.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	5,126,015.	5,126,015.						
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,	3,478,117.	1,093,087.	2,037,947.	347,083.				
_	trustees, and key employees	3,470,117.	1,000,007.	2,037,547.	347,003.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	105,801,085.	75,334,939.	25,594,832.	4,871,314.				
	Pension plan accruals and contributions (include				<u> </u>				
,	section 401(k) and 403(b) employer contributions)	12,879,782.	11,139,634.	1,340,945.	399,203.				
9	Other employee benefits	14,179,477.	9,534,178.	4,073,535.	571,764.				
10	Payroll taxes	7,229,163.	5,074,763.	1,790,851.	363,549.				
11	Fees for services (nonemployees):				_				
а	Management	4,851,557.	73,840.	4,755,985.	21,732.				
b	Legal	957,063.	20,120.	933,013.	3,930.				
	Accounting	162,150.	3,400.	158,750.					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17	159,254.		159,254.					
	Investment management fees	137,231.		137,231.					
ç	Other. (If line 11g amount exceeds 10% of line 25, column	13,300,351.	4,363,827.	8,662,210.	274,314.				
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	0.	, , .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
13	Office expenses	6,444,342.	4,102,993.	2,006,270.	335,079.				
14	Information technology	4,224,926.	3,878,664.	201,895.	144,367.				
15	Royalties	4,220.	3,920.	300.					
16	Occupancy	4,865,683.	816,760.	4,039,978.	8,945.				
17	Travel	4,922,592.	2,696,505.	2,020,536.	205,551.				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	0.	204 504	4 000	11 700				
19	Conferences, conventions, and meetings	320,577.	304,594.	4,283.	11,700.				
20	Interest	12,240,445.	12,240,445.						
21	Payments to affiliates	22,755,289.	20,247,987.	2,069,017.	438,285.				
22	Depreciation, depletion, and amortization	1,150,892.	1,150,892.	2,000,011.	130,203.				
23 24	Insurance Other expenses ltemize expenses not covered	_,	_ / _ 5 0 / 6 7 2 .						
24	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	BANK FEES	12,091,763.	12,057,975.	33,119.	669.				
b	STUDY AWAY EXPENSES	4,635,151.	4,635,151.						
c	OTHER EXPENSES	7,770,914.	4,859,910.	2,599,965.	311,039.				
c	·								
	All other expenses	212 200 064	041 500 655	60 400 605	0 200 504				
_	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	312,300,864.	241,509,655.	62,482,685.	8,308,524.				
20	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)	0.							
_	-/	3.			Form <b>990</b> (2010)				

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	120,764,076.	2	99,723,149.
	3	Pledges and grants receivable, net	58,783,492.	3	61,180,325.
	4	Accounts receivable, net	6,922,647.	4	2,989,000.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	300,000.	5	300,000
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
ts	7	Notes and loans receivable, net	7,003,117.	7	6,854,188
Assets	8	Inventories for sale or use	718,735.	8	493,907
Ä	9	Prepaid expenses and deferred charges	873,285.	9	4,058,118
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 792,094,156.			
	b	Less: accumulated depreciation	420,882,647.	10c	465,703,994.
	11	Investments - publicly traded securities	933,069,000.	11	870,486,000.
	12	Investments - other securities. See Part IV, line 11	1,305,969,000.	12	1,479,580,077.
	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 line 33)	2,855,285,999.	16	2,991,368,758.
	17	Accounts payable and accrued expenses	116,730,924.	17	145,791,388.
	18	Grants payable	476,622.	18	534,247
	19	Deferred revenue.	8,795,485.	19	7,607,093
	20	Tax-exempt bond liabilities.	234,010,927.	20	232,258,384.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0
ß	22	Loans and other payables to any current or former officer, director,		21	
ţ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	87,206,837.	23	87,225,018.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third	· ·	24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	31,480,206.	25	32,003,629.
	26	Total liabilities. Add lines 17 through 25	478,701,001.	26	505,419,759.
	20	Organizations that follow FASB ASC 958, check here ► X	170770170011	20	303/113//33.
Ses		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	661,236,998.	27	694,998,999.
Ba	28	Net assets with donor restrictions.	1,715,348,000.	28	1,790,950,000.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	17713731070001	20	177707307000.
ß		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
<b>Assets or Fund Balances</b>	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ť A	32	Total net assets or fund balances	2,376,584,998.	31	2,485,948,999.
Net	33	Total liabilities and net assets/fund balances	2,855,285,999.	32	2,991,368,758.
	JJ	וטנמו וומטווונופט מווע וופנ מטטפנט/ועווע טמומוועפט, , , , , , , , , , , , , , , , , , ,	2,033,203,333.	აა	Form <b>990</b> (2019

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	30 (2013)					<u> </u>	
Part	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		42,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,3			
3	Revenue less expenses. Subtract line 2 from line 1	3		30,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,3	76,5	84,9	98.	
5	Net unrealized gains (losses) on investments	5	1	03,3	69,6	36.	
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	8 Prior period adjustments						
9	9 Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part							
	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," e	xplain	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 con	npiled	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 audi						
	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 over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X						
	If the organization changed either its oversight process or selection process during the tax year, ex						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth 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	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b	Х		

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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.

st. OMB No. 1545-0047
2019
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

WELLESLEY COLLEGE 04-2103637 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 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 section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2019

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Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Section A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	94,615,915.	55,335,153.	63,618,206.	35,590,693.	86,543,194.	335,703,161.			
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	94,615,915.	55,335,153.	63,618,206.	35,590,693.	86,543,194.	335,703,161.			
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)						20,686,543.			
6	Public support. Subtract line 5 from line 4						315,016,618.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
7 8	Amounts from line 4	94,615,915. 12,641,952.	55,335,153. 13,802,574.	63,618,206. 1,940,884.	35,590,693. 23,975,225.	86,543,194. 18,899,290.	335,703,161.			
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	10,436,597.	9,166,844.	8,299,040.	11,652,667.	9,372,721.	48,927,869.			
11	Total support. Add lines 7 through 10						455,890,955.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12	777,041,300.			
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>								
				4.4   (5)		4.4	69.10%			
14	Public support percentage for 2019 (li Public support percentage from 2018		•			14 15	59.22%			
15	331/3% support test - 2019. If the org	•	·			•				
IVa	box and <b>stop here.</b> The organization qu	•								
h	331/3% support test - 2018. If the organization qu	•		•						
~	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 organization						-			
	supported organization									
18	Private foundation. If the organization	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see				
	instructions						▶ □			

Schedule A (Form 990 or 990-EZ) 2019

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### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	<del></del>					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf					<u>                                      </u>	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					<u>                                       </u>	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					<u>                                      </u>	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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	<del></del>					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on					<u>                                      </u>	
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, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u> </u>	<u></u> .	<u> </u>	<u></u>	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perd	centage				
17	Investment income percentage for 2019 (lin	ie 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	_					
b	331/3% support tests - 2018. If the orga	-	_	•	•	•	
	line 18 is not more than 331/3 %, check				·		
20	Private foundation. If the organization d		•				

Yes No

Schedule A (Form 990 or 990-EZ) 2019 Page 4

#### **Supporting Organizations** Part IV

(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	organization	s listed	by	name	in	the	organizatio	n's	governing
	documents?	? If "	'No," describe i	in <b>Part VI</b> h	now the supp	orted o	rgan	izations	are	de	signated. If	des	signated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.												

- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(L 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 El 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whic 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 benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **5** 

Part	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		
	ion 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		
Sect	ion 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	_		
34		3		
	ion 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	structi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- (! \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	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	26		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	3a		
L		Já		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
	1 Julian in the second of the original and regular			

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-EZ) 2019

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	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

9E1231 1.000 84190V 1592 3532170 PAGE 21

Page 7 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish ex	kempt purposes							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations						
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	<b>Total annual distributions.</b> 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 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019							
_1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2019								
a	From 2014								
b	From 2015								
c	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2019 distributable amount								
i	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from								
	Section D, line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
C	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	Excess from 2015								
b	Excess from 2016								
С	Excess from 2017								
d	Excess from 2018								
е	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2019

84190V 1592 3532170 Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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 INCOM	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
AUXILIARY ENTERPRISES	7,872,487.	6,498,653.	5,633,977.	4,241,133.	4,970,992.	29,217,242.
NEHOIDEN GOLF CLUB	1,109,090.	1,228,685.	1,326,378.			3,664,153.
OTHER REVENUE				7,006,000.	4,166,182.	11,172,182.
WELLESLEY COLLEGE CLUB	1,455,020.	1,439,506.	1,338,685.	405,534.	235,547.	4,874,292.
TOTALS	10,436,597.	9,166,844.	8,299,040.	11,652,667.	9,372,721.	48,927,869.

### Schedule B (Form 990, 990-EZ, or 990-PF)

Name of the organization

or 990-PF)

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

**Employer identification number** 

WELLESLEY COLLEGE 04-2103637 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Schedule of Contributors

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WELLESLEY COLLEGE

Employer identification number 04-2103637

Part I	Contributors (see instructions).	Use duplicate copies of P	art I if additional space is ne	eded.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$10,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,686,116.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$4,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s 3,000,000.	Person X Payroll
		\$3,000,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization WELLESLEY COLLEGE

Employer identification number 04-2103637

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,059,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,875,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,851,133. 	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization WELLESLEY COLLEGE

Employer identification number 04-2103637

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	PUBLICLY TRADED SECURITIES		
		4 000 000	01 /12 /0000
		\$4,000,000.	01/13/2020
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	PUBLICLY TRADED SECURITIES		
		\$949,133.	07/01/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Φ.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Φ.	
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization WELLESLEY COLLEGE **Employer identification number** 04-2103637 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

# **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

WEI	LLESLEY COLLEGE	04-2103637
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	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).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax 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 included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	nated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	on bondling of
5	Does the organization have a written policy regarding the periodic monitoring, inspection violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of violations and enforcing of violations.	
U	Stair and volunteer riours devoted to morntoning, inspecting, nariding of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	S	moorvation oddomento during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
-	art, historical treasures, or other similar assets held for public exhibition, education, or rese 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 a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶ \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	na Collections o	f Art. Histo	rical Tre	asures.	or Other	Similar Assets (	continu		age =
3	Using the organization's acquisition									f its
	collection items (check all that app				•					
а	X Public exhibition		d X	Loan	or exchan	ge progra	m			
b	X Scholarly research		e	Other						
С	Preservation for future gene	rations		_						
4	Provide a description of the organ		ns and expla	in how t	hey furth	er the or	ganization's exemp	t purpo	se in	Part
	XIII.				•					
5	During the year, did the organization	on solicit or receive	donations of	f art, histo	orical trea	sures, or	other similar			
	assets to be sold to raise funds rath	ner than to be main	tained as pa	rt of the o	organizati	on's colle	ction?	Yes	X	No
Pa	rt IV Escrow and Custodial A	rrangements.						·		
	Complete if the organiza	ation answered "Y	es" on Forr	n 990, F	Part IV, lii	ne 9, or r	eported an amou	nt on Fo	orm	
	990, Part X, line 21.									
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 con	nplete the foll	owing tab	ole:					
							Amount	İ		
С	Beginning balance				1	С				
d	Additions during the year				1	d				
е	Distributions during the year				1	е				
f	Ending balance					f				
								Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check	here if the ex	planation	has beer	provided	on Part XIII			
Pa	rt V Endowment Funds.									
	Complete if the organiza	ation answered "\	es" on Forr	n 990, F						
		(a) Current year	(b) Prior			ears back	(d) Three years back	(e) Fou		
1a	Beginning of year balance	2173415000				751111.	1784479646.			003.
b	Contributions	28,649,118	. 25,614	1,153.	54,44	15,964.		19,	077,	480.
С	Net investment earnings, gains,									
	and losses	176,478,722				6,958.	230,695,137.	-32,		
d	Grants or scholarships	48,838,336	. 46,965	,425.	37,55	51,792.	41,236,924.	40,	835,	838.
е	Other expenditures for facilities									
	and programs	44,307,448	. 47,494	1,219.	48,43	30,541.	43,186,748.	42,	567,	180.
f	Administrative expenses									
g	End of year balance	2285397056	. 217341	L5000.	21052	211700.	1930751111.	178	4479	646.
2	Provide the estimated percentage	of the current year	r end balance	e (line 1g,	column (a	a)) held as	:			
а	Board designated or quasi-endown		0_%							
	Permanent endowment ▶ 69.									
С	Term endowment ▶	_%								
	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·								
3a	Are there endowment funds not in	the possession of	the organiza	tion that	are held	and admir	nistered for the	ſ	I	
	organization by:							2 (1)	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
	If "Yes" on line 3a(ii), are the relate	•	•					3b		
4	Describe in Part XIII the intended u		ation's endov	vment fur	nds.					
Рa	rt VI Land, Buildings, and Equal Complete if the organiz	u <b>ipment.</b> ation answered "`	Yes" on For	m 990. l	Part IV. li	ine 11a. S	See Form 990. Pa	art X. lin	e 10.	_
	Description of property	(a) Cost	or other basis	(b) Cost	or other basis	s (c) Ac	cumulated (c	d) Book va		
		,	estment)		ther)		eciation	26.4	11 C	20
_	Land				41,639		25 724	36,4		
b	Buildings			/UI,2	29,110	. 318,8	35,734.	382,3	95,3	/0.
C	Leasehold improvements			10 0	140 501	7 -	E4 420	2 (	00 0	0.2
d	Equipment				242,521	_	54,428.		88,0	
	Other		rm 000 Day		.80,886			44,1		
ı ota	<ol> <li>Add lines 1a through 1e. (Column</li> </ol>	ı (a) must edual Fo	ıılı 990. Part .	л. сошті	ı (b). IIne	IUC.)	▶	465,7	U 3 , 9	クせ・

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	\/	Deat N/ line 44h Oce Ferrer 000	Don't V. Boo 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	E41 620 000		
(A) PRIVATE EQUITY	741,639,000.	FMV	
(B) REAL ASSETS	131,688,000.	FMV	
(C) ABSOLUTE RETURN	528,087,000.	FMV	
(D) MISCELLANEOUS OTHER	78,166,077.	FMV	
(E)			
(F)			
(G)			
(H)	1 470 500 077		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,479,580,077.		
Part VIII Investments - Program Related.  Complete if the organization answered	l "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 valuati	
		Cost or end-of-year mark	et 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	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes	Attorn or mability		(b) Book value
(2) GOVERNMENT LOAN ADVANCES			778,634.
(3) ANNUITIES & UNITRUSTS PAYABLE			31,224,995.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			32,003,629.
Total (Column (b) must equal Form 990, Fall A, Col. (b) line 23.)			32,003,027.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 9E1270 1.000 8419OV 1592

Schedule D (Form 990) 2019

X

WELLESLEY COLLEGE Schedule D (Form 990) 2019

Schedu	ıle D (Form 990) 2019		Page <b>4</b>
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	339,168,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	79,204,976.
3	Subtract line 2e from line 1	3	259,963,513.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,497,421.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	82,496,376.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	342,459,889.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	229,804,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	229,804,488.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 13,497,421.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	82,496,376.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	312,300,864.
Provid 2; Par	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	art V, ation	line 4; Part X, line
SEE	E PAGE 5		

Schedule D (Form 990) 2019 WELLESLEY COLLEGE 04-2103637 Page **5** 

## Part XIII Supplemental Information (continued)

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION

PART III, LINE 1A

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

PART III, LINE 4

SERVICE.

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) 2019

Schedule D (Form 990) 2019 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, 2020 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 40% 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

FY2020 WERE FINANCIAL AID AND FACULTY SALARIES.

PART X, LINE 2

THE COLLEGE HAS NO MATERIAL UNCERTAIN TAX PROVISIONS AS OF JUNE 30, 2020 AND 2019.

Schedule D (Form 990) 2019

WELLESLEY COLLEGE 04-2103637 Schedule D (Form 990) 2019 Page 5

# Part XIII Supplemental Information (continued)

PART XI, LINE 2D

OTHER ADJUSTMENTS

\$ (8,838,206) UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP

MINIMUM PENSION LIABILITY \$(15,326,454)

TOTAL \$(24,164,660)

PART XI, LINE 4B

FINANCIAL AID INCLUDING PELL GRANTS \$67,876,071

OTHER NON-OPERATING EXPENSES \$ 1,122,884

TOTAL \$68,998,955

PART XII, LINE 4B

FINANCIAL AID INCLUDING PELL GRANTS \$67,876,071

OTHER NON-OPERATING EXPENSES \$ 1,122,884

TOTAL \$68,998,955

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	3	X	
	describe. If "No," please explain. If you need more space, use Part II	3	Λ	
	SEE SUPPLEMENTAL PAGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5с		X
	Out the set is a second to a first original and in the second	١		Х
d	Scholarships or other financial assistance?	5d		
_	Educational policies?	5e		х
·				
f	Use of facilities?	5f		Х
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	·			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

PAGE 37

# **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 **Open to Public** Inspection

04-2103637

Department of the Treasury Internal Revenue Service Name of the organization

WELLESLEY COLLEGE

Employer identification number

Par	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	nswered "Yes" or
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization mair eligibility for t			ction criteria used to	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	ving Part I. line	3 table can be	e duplicated if additional sp	pace 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)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	78,488.
(2)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	382,451.
(3)	EUROPE	1.	6.	PROGRAM SERVICES	STUDY AWAY TUITION	2,676,042.
(4)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	74,161.
(5)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	109,239.
(6)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	15,966.
(7)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	125,051.
(8)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY TUITION	16,265.
(9)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	61,081.
(10)	EUROPE	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	1,255,086.
(11)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	4,783.
(12)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	8,749.
(13)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY AWAY PROGRAM	35,876.
(14)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	INTERNSHIPS	5,500.
(15)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	14,300.
(16)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	INTERNSHIPS	35,700.
<u>, , </u>	EUROPE	0.	0.	PROGRAM SERVICES	INTERNSHIPS	49,463.
3a	Subtotal	1.	6.			4,948,201.
b	Total from continuation					
	sheets to Part I					563,167,503.
С	Totals (add lines 3a and 3b)	1.	6.			568,115,704.

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

JSA

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# **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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

WELLESLEY COLLEGE

Employer identification number 04-2103637

Par	General Information o Form 990, Part IV, line 14b		Outside the	United States. Comple	ete if the organization a	nswered "Yes" or
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	ganization mair eligibility for t	he grants or		ction criteria used to	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	pace 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
(1)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	20,450.
(2)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	3,000.
(3)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	15,100.
(4)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	INTERNSHIPS	16,250.
(5)	CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	FINANCIAL AID	50,677.
(6)	NORTH AMERICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	296,638.
(7)	EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	FINANCIAL AID	643,101.
(8)	EUROPE	0.	0.	PROGRAM SERVICES	FINANCIAL AID	1,222,817.
(9)	MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	235,567.
(10)	RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	FINANCIAL AID	153,674.
(11)	SOUTH AMERICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	355,052.
(12)	SOUTH ASIA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	676,787.
(13)	SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	FINANCIAL AID	1,491,942.
(14)	EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		265,447,045.
(15)	EUROPE	0.	0.	INVESTMENTS		241,667,596.
(16)	MIDDLE EAST AND NORTH AFRICA	0.	0.	INVESTMENTS		36,036,326.
<u>, , </u>	NORTH AMERICA	0.	0.	INVESTMENTS		14,835,481.
	Subtotal continuation					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

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	<b>(g)</b> 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)									

Schedule F (Form 990) 2019

#### 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 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	1.	50,677.	CR. TO ACCT.			
(2) FINANCIAL AID	NORTH AMERICA	6.	296,398.	CR. TO ACCT.			
(3) FINANCIAL AID	EAST ASIA/PACIFIC	14.	643,101.	CR. TO ACCT.			
(4) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	23.	1,222,817.	CR. TO ACCT.			
(5) FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	4.	235,567.	CR. TO ACCT.			
(6) FINANCIAL AID	RUSSIA/NEWLY IND. STATES	2.	153,674.	CR. TO ACCT.			
(7) FINANCIAL AID	SOUTH AMERICA	7.	355,052.	CR. TO ACCT.			
(8) FINANCIAL AID	SOUTH ASIA	12.	676,787.	CR. TO ACCT.			
(9) FINANCIAL AID	SUB-SAHARAN AFRICA	20.	1,491,942.	CR. TO ACCT.			
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
<u>(13)</u>							
<u>(14)</u>							
<u>(15)</u>							
(16)							
(17)							
<u>(</u> 18)							

Schedule F (Form 990) 2019 Page 4

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	
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)	
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)	
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	
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)	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  **Yes**  No	

Schedule F (Form 990) 2019

9E1277 1.000 8419OV 1592 3532170 PAGE 42 Schedule F (Form 990) 2019 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) 2019

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# SCHEDULE I (Form 990)

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

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization **Employer identification number** WELLESLEY COLLEGE 04-2103637 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or government grant or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

JSA

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

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Schedule I (Form 990) (2019)

# 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	1,435.	62,026,056.			
2 FINANCIAL AID - EMERGENCY RELIEF FUNDS	1,203.	724,000.			
3					
4					
5					
6					
7					

3532170

**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 I (Form 990) (2019)

Schedule I (Form 990) (2019)

# 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					
2					
3					
4					
_ 5					
_ 6					

3532170

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

PART III, LINE 2

HIGHER EDUCATION EMERGENCY RELIEF FUND

IN FISCAL YEAR 2020, WELLESLEY COLLEGE WAS AWARDED \$985,000 FROM THE

HIGHER EDUCATION EMERGENECY RELIEF FUND (HEERF). THE FUNDS WERE USED FOR

EMERGENCY FINANCIAL AID GRANTS TO STUDENTS UNDER THE 18004(A)(1)

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT). THE

COLLEGE DISBURSED \$724,000 OF THE TOTAL RECEIVED TO STUDENTS TO ASSIST

THE STUDENTS IN THEIR TRANSITION TO REMOTE LEARNING, WITH THE REMAINING

\$261,000 TO BE DISBURSED IN FISCAL YEAR 2021.

Schedule I (Form 990) (2019)

# **SCHEDULE J** (Form 990)

**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

Department of the Treasury Internal Revenue Service Name of the organization

WELLESLEY COLLEGE

Part I Questions Regarding Compensation

Inspection Employer identification number

04-2103637

			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  Personal services (such as maid, chauffeur, chef)			
	If any of the harves on line 40 are cheefeed did the consciention follows a written malicy assembles as well-			
D	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	41-	Х	
2	explain	1b	Λ	
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2	х	
	1a?		Δ.	
3	Indicate which, if any, of the following the 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ū	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The to any of miles at 8, not the persons and provide the applicable amounts for each from in rate in.			
	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			
-	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
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		37	
_	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			3.7
_	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		

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

Schedule J (Form 990) 2019

# 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 of	f W-2 and/or 1099-MIS	C 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
DEBORAH F. KUENSTNER	(i)	578,414.	400,277.	3,168.	34,407.	27,294.	1,043,560.	
1 <sup>CHIEF</sup> INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ROSE C. CARPENTER	(i)	351,915.	333,154.	343.	34,407.	30,359.	750,178.	
2 INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
PAULA A. JOHNSON	(i)	542,089.	0.	43,551.	34,407.	103,964.	724,011.	
3PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
RAY OQUENDO	(i)	342,172.	306,197.	1,571.	34,407.	26,262.	710,609.	
DIRINVEST. OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW SHENNAN	(i)	296,140.	30,000.	2,008.	34,407.	102,421.	464,976.	
5PROVOST AND DEAN OF COLLEGE	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN PETRULAKIS	(i)	355,962.	5,000.	865.	34,407.	20,631.	416,865.	
6 GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
PIPER ORTON	(i)	365,998.	0.	2,530.	34,407.	9,359.	412,294.	
7 <sup>VP</sup> FOR FIN. & ADMIN. & TREAS.	(ii)	0.	0.	0.	0.	0.	0.	0.
SHEILAH HORTON	(i)	249,625.	5,000.	1,663.	31,893.	98,234.	386,415.	
8 DEAN OF STUDENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD G. FRENCH  PROFESSOR OF ASTRONOMY	(i)	195,650.	0.	74,796.	33,241.	20,120.	323,807.	
	(ii)	0.	0.	0.	0.	0.	0.	0.
RAVI RAVISHANKER 10 <sup>CIO &amp; ASSOC. DEAN</sup>	(i)	264,111.	0.	2,699.	32,118.	950.	299,878.	0
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANN VELENCHIK  11  AND VELENCHIK  AND ACADEMIC AFF.	(i)	229,808.	0.	15,965.	30,532.	20,257.	296,562. 0.	0.
JOY ST. JOHN	(ii)	0. 217,288.	0.	0. 330.	0. 28,346.	29,752.		0.
12 DEAN-ADMISS. & STU. FIN. SVCS	(i)	217,288.	0.	0.	28,340.	29,752.	275,716. 0.	0.
MARY CASEY	(ii)	200,065.	35,000.	903.	0.	12,050.	248,018.	0.
13 <sup>VP</sup> FOR DEVELOPMENT	(i)	200,003.	0.	0.	0.	0.	240,010.	0.
MEGAN NUNEZ	(ii) (i)	155,268.	0.	7,033.	19,910.	19,231.	201,442.	0.
14 DEAN OF FACULTY AFFAIRS	(ii)	0.	0.	0.	0.	10,231.	0.	0.
14	(i)	<u> </u>	0.	<u> </u>	Ŭ.	0.	· · ·	
15	(ii)							
13	(i)							
16	(ii)							
10	(")							<u> </u>

Schedule J (Form 990) 2019

#### 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) 2019

#### 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

Internal Revenue Service

# **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.

OMB No. 1545-0047 Open to Public

Name of the organization 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	feased	(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	
A MHEFA 2008 SERIES I	04-2456011	57586CP25	01/31/2008	57,385,000.	CONSTRUCTION - REFIN. 1999 ISSUE		Х		Х		
<b>B</b> MDFA 2012 SERIES J	04-3431814	57583UNP9	04/05/2012	55,497,618.	CONSTRUCTION		Х		Х		
C MDFA 2018 SERIES L	04-3431814	57584YES4	03/01/2018	105,663,450.	CONSTRUCTIONS - REFIN. 1992 ISSUE		Х		Х		
D											

ט									
Par	Proceeds	·	·				·		
			Α		В	(	3	ſ	D
1	Amount of bonds retired					2,1	60,000.		
2	Amount of bonds legally defeased								
3	Total proceeds of issue	57,3	385,000.	55,4	97,618.	96,500,000.			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	Ţ	530,057.	3	94,458.	8	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.	90,8	342,320.		
11	Other spent proceeds					4,825,000.			
12	Other unspent proceeds								
13	Year of substantial completion	201	.0	2015		2020			
		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)?	X			X		X		
16	Has the final allocation of proceeds been made?	X		Х		X			
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	Х		X		X			
For P	aperwork Reduction Act Notice, see the Instructions for Form 990		1					bodulo V (E	orm 000) 20

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

Schedule K (Form 990) 2019

Inspection

Schedule K (Form 990) 2019
Page 2

Pa	rt III Private Business Use WE	LLESLEY	COLLEGE						
			Α	l	В		C	ŗ	)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		Х		X		
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?	X		X		X			
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X			X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
_6	Total of lines 4 and 5		%		%		%		%
_7_	Does the bond issue meet the private security or payment test?		Х		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			
Pa	rt IV Arbitrage		.						
_			A		В		C		<b>)</b>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		
	If "No" to line 1, did the following apply?								I
	Rebate not due yet?	37	X		X	X	77		
	Exception to rebate?	X	37	37	X		X		
c	No rebate due?		X	X			Х		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	37			77	37			I
3	Is the hond issue a variable rate issue?	X	1 1		X	X	1		I

Page 3 Schedule K (Form 990) 2019

Pai	rt IV Arbitrage (continued)								
			Ą	I	3		2	[	)
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			X		X		
	Name of provider								
	Term of hedge		31.440						
d	Was the hedge superintegrated?		Х						
е	Was the hedge terminated?		X						
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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		X		X		
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	X		X		X			
Pa	rt V Procedures To Undertake Corrective Action								
			A	l	3	(			)
	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			
Pai	Supplemental Information. Provide additional information for responses t	to questioi	ns on Sche	dule K. S	ee instruct	ions			

Schedule K (Form 990) 2019

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

SCHEDULE K, 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.

SCHEDULE K, PART III, LINE 9

UNDER REGULATION SECTIONS 1.141-12 AND 1.145-2, WELLESLEY COLLEGE HAS

ESTABLISHED WRITTEN PROCEDURES AS OF OCTOBER 3, 2014.

SCHEDULE K, 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 B - MHEFA 2012 SERIES J

THE MHEFA 2012 SERIES J BOND ISSUE REBATE CALCULATION WAS PERFORMED MAY

29, 2020.

JSA

Schedule K (Form 990) 2019

Page 4

84190V 1592

Schedule K (Form 990) 2019 Page 4

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

COLUMN C - MDFA 2018 SERIES L

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

2023.

JSA 9E1511 1.000 8419OV 1592 Schedule K (Form 990) 2019

### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

WELLESLEY COLLEGE

O4-2103637

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization ar	iswered res on Form 990, Part IV, line 23	oa of 250, of Form 990-EZ, Part V, line 400.		
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?
<u>'</u>	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958		▶ \$		
3		e 2, above, reimbursed by the organization.			

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		<b>(e)</b> Original principal amount	(f) Balance due	(g) In default?		by board or committee?		(i) Writter agreement	
			То	From			Yes	No	Yes	No	Yes	No
(1) ANDREW SHENNAN	OFFICER	MORTGAGE		Х	300,000.	300,000.		Х	Х		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

### Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 Page 2

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

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

JSA 9E1507 1.000 8419OV 1592

# SCHEDULE M (Form 990)

# **Noncash Contributions**

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

Open to Public Inspection

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	Method of noncash cont			
1	Art - Works of art	Х	239.	0.	FMV/\$0 FC	R TI	RACK	ING
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х			FMV/\$0 FC	R TI	RACK	ING
5	Clothing and household							
_	goods	Х			FMV/\$0 FC	R TI	RACK:	ING
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		345.	17,874,185.	SELLING F	RICI	Z/FMV	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	Х	47.	0.	FMV/\$0 FC	R TF	RACK	ING
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( OTHER PERS. PP )	X	13.		FMV/\$0 FC	R TF	RACK	ING
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received							1.0
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	jement	29			10.
							Yes	No
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	•			•			3.5
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	X	
32a	Does the organization hire or use		_				37	
	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in o	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) (2019) 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, COLUMN (B)

WELLESLEY COLLEGE REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).

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

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 IN ITS BALANCE SHEET.

Schedule M (Form 990) (2019)

JSA

# 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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 04-2103637

Name of the organization
WELLESLEY COLLEGE

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

Name of the organization

WELLESLEY COLLEGE

04-2103637

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, 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

84190V 1592

Name of the organization

WELLESLEY COLLEGE

04-2103637

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

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 XI, LINE 9

UNREALIZED GAIN (LOSS) ON INTEREST RATE SWAP \$(8,838,206)

MINIMUM PENSION LIABILITY \$(15,326,454)

TOTAL \$(24,164,660)

ATTACHMENT 1

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

FRANCE

ITALY

MEXICO

ATTACHMENT 2

990,	PART VI	II- (	COMPENSATION	OF	$_{ m THE}$	FIVE	HIGHEST	PAID	IND.	CONTRACTORS	

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TURNER CONSTRUCTION COMPANY 2 SEAPORT LANE - 2ND FLOOR BOSTON, MA 02210	CONSTRUCTION	39,892,172.
ELAINE CONSTRUCTION COMPANY 1037 CHESTNUT STREET NEWTON UPPER FALLS, MA 02464	CONSTRUCTION	3,727,506.
SUFFOLK CONSTRUCTION COMPANY, INC. 65 ALLERTON STREET BOSTON, MA 02119	CONSTRUCTION	3,139,348.
DAVID W. WHITE AND SON, INC. 635 RIVER ROAD BOW, NH 03304	CONSTRUCTION	2,450,761.

Employer identification number Name of the organization WELLESLEY COLLEGE 04-2103637 ATTACHMENT 2 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

STANLEY ELEVATOR COMPANY INC PO BOX 842 NASHUA, NH 03061

CONSTRUCTION&ELV. M. 2,287,157.

Schedule O (Form 990 or 990-EZ) 2019

JSA

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

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number WELLESLEY COLLEGE 04-2103637

Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WELLESLEY COLLEGE FOUNDATION UK LIMITED 98-1196154					
19 NORCOTT ROAD LONDON, UK	EDUCATION	UK	204,786.	31,740.	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 Part II one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

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.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sect 512(b contro entir	ion )(13) olled ty?
								Yes	No
(1) POOLED INCOME FUNDS (5)									
	SUPPORT	MA	N/A	TRUST				х	
(2) CHARITABLE REMAINDER TRUSTS (2)									
	SUPPORT	MA	N/A	TRUST				х	
(3)									
(4)									_
<u>(5)</u>									
(6)									_
(7)									

Schedule R (Form 990) 2019

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

	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes N	10		
	During the tax year, did the organization engage in any of the following transactions with one or more						_		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a 1b		X		
		, grant, or capital contribution to related organization(s)							
	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
							Х		
	ase of facilities, equipment, or other assets from related organization(s)								
ı	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)							
m	Performance of services or membership or fundraising solicitations by related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X		
0	Sharing of paid employees with related organization(s)				10		X		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s	X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and trans	action thre	shold	s.			
	(a)  Name of related organization	(c) Amount involved	Method	(d)	rminina				
	Name of related organization	Transaction type (a-s)	Amount involved		unt invo				
	DOOLED THEOME ENDING (E)		204 171	T G G D I I					
(1)	POOLED INCOME FUNDS (5)	S	394,171.	ACCRUZ	AL.				
(۵)	CHARITABLE REMAINDER TRUSTS (2)	S	2,814,072.	ACCRUZ	<b>\</b> T				
(2)	CHARITABLE REMAINDER TRUSTS (2)	5	2,014,072.	ACCRUZ	- <del>7</del> L				
(2)									
(3)							_		
(4)									
(")							_		
(5)									
ν,							_		
(6)									

JSA

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019

# 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 Legal (state	(c) Legal domicile (state or foreign country)	income (related,	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No		
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
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Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019 Page 5

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