Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

12

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		nt of the Treasury evenue Service		benefit trust or may have to use a copy	private fou	Indation)		•	· ·	Open te Inspe	o Public ction
AF	or t	the 2012 calen	ndar year, or tax year beg		and the second	2, and endin				0,20 1:	
_			e of organization					Employer id			>
Вс	heck if	fapplicable: WEL	LESLEY COLLEGE								
		dress ange Doing	Business As					04-2103	3637		
			per and street (or P.O. box if mail i	is not delivered to street addre	ess)	Room/suite		Telephone n			
	Init	tial return 106	CENTRAL STREET				(7	81) 28	3 - 100	0	
	Ter		or town, state or country, and ZIP +	• 4				01/20	<u> </u>		
X		mended WEL	LESLEY, MA 02481-8	8203			G	Gross receip	ts \$	761,88	1 340
			me and address of principal of		MLY			Is this a gro			-
	_ per		CENTRAL STREET WI				H(b)	affiliates? Are all affilia	tes include		
1	Tax-e		X 501(c)(3) 501(c) (4947(a)(1)					e instructions	
J	Web		VELLESLEY.EDU) (moorthol)	1011(0)(1)	01 021		Group exem			
<	Form	n of organization:	X Corporation Trust	Association Other	•	I Year of	formation:				e: MA
	rt I					Literior	ionnation.	10/01	State of F	egaruonnen	e. 14
	1		the organization's mission	or most significant activiti							
	'	WELLESLEY	be the organization's mission Y COLLEGE IS A TOT	AL LEARNING ENV	TRONMENT			- <u>-</u>			
JCe			4-YEAR LIBERAL AR								
nai			EPARING THEM FOR L						3		
INC	2		x ▶ if the organization								
ŏ	3										2.2
SS 8	4	Number of ind	ting members of the governin	the severies had. (Part VI, line Ta)	•••••	• • • • • • •			3		33
Activities & Governance	5	Total sumber	lependent voting members of	the governing body (Part	(VI, line ID)	• • • • • • •					33
ctiv		Total number	of individuals employed in ca						5		3,241
۷	6		of volunteers (estimate if nece						6		
	/ d	I Total gross un	related business revenue from	Part VIII, column (C), line	e 12				7a		6,642
_	D	Net unrelated	business taxable income from	Form 990-1, line 34		<u></u>			7b		9,615
	0	Oraclaiberti						or Year		Current	
Ine	8	Contributions	and grants (Part VIII, line 1h)		COPY	FOR	100	172,17		52,58	
Revenue	9	Program service	ce revenue (Part VIII, line 2g)		PUBLIC IN	SPECTION		138,30		128,299	
Re	10	in obtainent inte		103 0, 4, and 70)				499,37		105,543	
	11	Other revenue	e (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e	^{e)}			774,86			1,912
	12	I otal revenue	- add lines 8 through 11 (mus	st equal Part VIII, column ((A), line 12).		-	584,72		295,373	
	13	Grants and sin	milar amounts paid (Part IX, co	lumn (A), lines 1-3)			48,	533,16	7.	50,824	1,455
	14	Benefits paid t	to or for members (Part IX, col	umn (A), line 4)					0		
ses	15	Salaries, other	r compensation, employee ber	nefits (Part IX, column (A),	, lines 5-10)		122,	104,27	8.	119,22	7,981
enses			undraising fees (Part IX, colum						0		
Exp			ing expenses (Part IX, column					4455.4	1.1		974 S
	17	Other expense	es (Part IX, column (A), lines 1	1a-11d, 11f-24f)				669,01		76,51	1,336.
	18	Total expenses	s. Add lines 13-17 (must equa	al Part IX, column (A), line	25)			306,46		246,563	3,772.
- 10	19	Revenue less	expenses. Subtract line 18 fro	m line 12				721,74		48,809	9,387
Fund Balances							Beginning o			End of Y	
Sala	20	Total assets (P					2,046,	260,20	8.2,1	147,932	2,564.
g	21	Total liabilities	(Part X, line 26)					815,69		364,439	
	22		fund balances. Subtract line 2	1 from line 20			1,659,	444,51	5. 1,	783,492	2,722.
	rt II	Signature									
corr	er pe ect, a	and complete. Decl	declare that I have examined this laration of preparer (other than offi	return, including accompany cer) is based on all informati	ving schedules on of which pr	and statements, eparer has any	, and to the b knowledge.	est of my kr	nowledge	and belief, i	t is true,
	gn										
He	ere	Signature	of officer					Date			
											
			rint name and title	· · · · · · · · · · · · · · · · · · ·		-					
aid		Print/Type prep	arer's name	Preparer's signature		Date		eck if f-	F	PTIN	
	arer	CHRISTOPH	HER B. ANDERSON	Chap Du		8/8/10		ployed		P002265	559
	Only		MALONEY + NOV	OTNY(LLC			EIN	• 3	34-067	77006	
Firm's address 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114								e no. 🕨 💈	216-36	53-0100	1
lay	the	IRS discuss this	return with the preparer show	n above? (see instruction	s)					X Yes	No
	Pape	erwork Reductio	on Act Notice, see the separa							Form 99	

WELLESLEY	COLLEGE

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	WELLESLEY'S MISSION IS TO EDUCATE TALENTED YOUNG WOMEN AND EQUIP THEM
	TO MAKE A SIGNIFICANT DIFFERENCE IN THEIR COMMUNITIES, ORGANIZATIONS,
	AND AROUND THE WORLD.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	OUTSTANDING EDUCATION: WELLESLEY IS COMMITTED TO ENSURING THAT OUR
	EXCELLENT LIBERAL ARTS CURRICULUM IS BOTH INTELLECTUALLY AND CULTURALLY BROAD TO PREPARE OUR GRADUATES FOR THEIR LIVES AFTER COLLEGE.
	(Code:)(Expenses \$
	(Code:) (Expenses \$including grants of \$) (Revenue \$) 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.
d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 218,142,325.

Form 9	990 (2012)			Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	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	X	
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 temporarily restricted		37	
	endowments, permanent endowments, or 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,"	44-	v	
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b	х	
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		A	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11c		x
لم	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	<u> </u>		
124	complete Schedule D, Parts XI and XII	12a	Х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2012)

JSA

			F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25.	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
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
01	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1.	34	х	
25.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	<u>55a</u>		
D		35b		
26	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		v
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	07		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 613	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b] 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3, 241			
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 <i>e-file</i> (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," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	X	
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT</u> 1			
5 2	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	0.0		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O.			
Ø	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
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Form 9	90 (2012) WELLESLEY COLLEGE	04-2103	8637		Page
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	le O. See in	struc	tions.	
Foot	Check if Schedule O contains a response to any question in this Part VI		• • •	• •	X
Sect	ion A. Governing Body and Management			Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year $\dots \dots \dots$	33		100	
Ta					
	If there are material differences in voting rights among members of the governing body, or if the governing				
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	33			
b					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationary other officer, director, trustee, or key employee?	-	2		x
3	Did the organization delegate control over management duties customarily performed by or under t		-		
3	supervision of officers, directors, or trustees, or key employees to a management company or other per-		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization make any significant changes to its governing documents since the pilor Point 990 was ned?		5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations asset		6		x
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect o		–		
1 a			7a		x
h	one or more members of the governing body?		10		
b			7b		x
0	stockholders, or persons other than the governing body?		10		
8		in during			
_	the year by the following:		8a	х	
a ⊾	The governing body?		8b	X	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal		-	.)	
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such				
Ň	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose	-	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
2a			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that c				
~	rise to conflicts?	-	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy?				
Ū	describe in Schedule O how this was done		12c	х	
3	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and ap				
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	-			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement			
	with a taxable entity during the year?	•	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	organization's exempt status with respect to such arrangements?	<i>,</i> 	16b		
ect	ion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{-MA}^{MA}$				
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule		601(c)	(3)s o	nly)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, and financial statements available to the public during the tax year.		f inte	rest p	oolicy
20	State the name, physical address, and telephone number of the person who possesses the books and r	ecords of th	ne		
	organization: ▶ BEN HAMMOND 106 CENTRAL STREET WELLESLEY, MA 02481-8203 781-283-10	00			
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							_	

Check if Schedule O contains a response to any question in this Part VII

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an y officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURA DAIGNAULT GATES	12.00	x						0	0	0
(2) SIDNEY R. KNAFEL VICE CHAIR	10.00	x						0	0	0
(3) SHELLY ANAND TRUSTEE	2.00	x						0	0	0
(4) KENNETH G. BARTELS TRUSTEE	2.00	x						0	0	0
(5) M. AMY BATCHELOR TRUSTEE	3.00	x						0	0	0
(6) RUTH J. CHANG TRUSTEE	3.00	x						0	0	0
(7) ALISON LI CHUNG TRUSTEE	3.00	X						0	0	0
(8) ALICIA M. COONEY TRUSTEE	2.00	x						0	0	0
(9) DEBORA DE HOYOS TRUSTEE	2.00	x						0	0	0
(10)KRISTINE HOLLAND DE JUNIAC TRUSTEE	2.00	x						0	0	0
(11)ALECIA A. DECOUDREAUX TRUSTEE	2.00	X						0	0	0
(12) THOMAS E. FAUST, JR. TRUSTEE	3.00	X						0	0	0
(13) SANDRA POLK GUTHMAN TRUSTEE	2.00	x						0	0	0
(14)JUDITH B. HALE TRUSTEE	2.00	x						0	0	0

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(A)	(B)			(C	3			(D)	(E)		(F)						
Name and title	Average hours per week (list any hours for	box,	Position not check more than o unless person is both er and a director/trusto			(do not check mo box, unless perso			Pos (do not check box, unless pe			is both	an	Reportable compensation from the	Reportable compensation from related organizations	am	stimated nount of other pensation
	related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization d related anizations						
5) MARYAM HOMAYOUN-EISLER	2.00																
TRUSTEE		Х						0	0								
6) DOROTHY CHAO JENKINS TRUSTEE	2.00	Х						0	0								
.7) LYNN DIXON JOHNSTON	3.00	- 21															
TRUSTEE		Х						0	0								
.8) WILLIAM S. KAISER	2.00																
TRUSTEE	-+	Х						0	0								
9) KATHERINE STONE KAUFMANN	2.00																
TRUSTEE		Х						0	0								
0) STEPHEN W. KIDDER	3.00																
TRUSTEE		Х						0	0								
1) JAMES T. KLOPPENBERG	2.00																
TRUSTEE		Х						0	0								
2) ELLEN GOLDBERG LUGER	3.00																
TRUSTEE		Х						0	0								
23) LAURA RUSSELL MALKIN TRUSTEE	3.00	Х						0	0								
4) ELLEN R. MARRAM	2.00									-							
TRUSTEE		Х						0	0								
5) PAMELA A. MELROY	3.00																
TRUSTEE		Х						0	0								
1b Sub-total							►	0	0								
c Total from continuation sheets to Part VII,	Section A						►	5,101,768.	0	8	54,472						
d Total (add lines 1b and 1c)					• •			5,101,768.	0	8	54,472						
2 Total number of individuals (including but no reportable compensation from the organization)		nose l 252		d ab	ove	e) who	o re	ceived more than	\$100,000 of								
											Yes No						
3 Did the organization list any former off	icer. directo	r. or	tru	stee	e. I	kev e	amp	lovee. or highes	t compensated								
employee on line 1a? If "Yes," complete Sche										3	X						

individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		
2 Total number of independent contractors (including but not limited to those		
more than \$100,000 in compensation from the organization ► 5		Form 990 (2012)

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	Form 990 (2012)											Page 8	3
	Part VII Section A. Officers, Directors, Tru		ey Em ∣	nplo			and I	Hig					_
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos heck ss pe	more erson	e than of is both cor/trust employee	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 compensati from the organization and relate organization	of tion e on ed	
(26) IOANNIS MIAOULIS	2.00											-
	TRUSTEE		X						C	0		C)
(27) NAMI PARK	2.00											
	TRUSTEE		x						C	0		C)
(28) ELIZABETH STRAUSS PFORZHEIMER TRUSTEE	2.00	x						C) 0		C	-)
(29) SUSAN L. WAGNER	2.00											-
`	TRUSTEE		x							0		C)
(2.00											-
(TRUSTEE	2.00	x									C	١
,		2.00											_
(2.00										(۰ ۱
,	TRUSTEE	2.00	X							U		C) _
(3.00										,	_
	TRUSTEE		X						0	0		C)
(2.00											
	EX OFFICIO TRUSTEE(PRES.WCAA)		X						C	0		C)
(34) H. KIM BOTTOMLY	60.00											
	PRESIDENT				Х				469,634.	0	110,	732.	
(35) ANDREW B. EVANS	60.00											
	VP FOR FINANCE&TREASURER				Х				302,449.	0	47,	956.	
(36) DEBORAH F. KUENSTNER	60.00											
	CHIEF INVESTMENT OFFICER				Х				633,662.	0	32,	993.	
	1b Sub-total												
	c Total from continuation sheets to Part VII, Se	ection A				• •							
	d Total (add lines 1b and 1c)												
	2 Total number of individuals (including but not I				d al	bov	e) who	o re	eceived more than	\$100.000 of			-
	reportable compensation from the organization		252				,			. ,			
	· _ · _ · _ ·										Yes	No	-
	3 Did the organization list any former office	or directo	or or	tri	icto	~	kov a	- m n	lovoo or highos	t componented			Ī
	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Х	
	4 For any individual listed on line 1a, is the s	sum of rer	oortah	ole r	com	per	satio	n a	nd other compen-	sation from the			
	organization and related organizations gre												
	individual										4 X		
	5 Did any person listed on line 1a receive or												Ĩ
	for services rendered to the organization? If "Ye										5	Х	
	Section B. Independent Contractors												
	1 Complete this table for your five highest com compensation from the organization. Report c												-

	year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

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(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	officer and a director/trustee)				is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	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-MISC)	from the organization and related organizations
7) CAMERAN M. MASON	60.00									
VP FOR RESOURCES&PUB.AFF.		1		Х				267,757.	0	48,15
3) ANDREW SHENNAN	60.00									
PROVOST&DEAN OF COLLEGE		1		Х				288,951.	0	67,73
) KATHLEEN R. BROWN	60.00									
DIRECTOR - INVESTMENTS		1			X			407,915.	0	41,83
)) DEBRA S. DEMEIS	60.00									
DEAN OF STUDENTS		1			X			191,523.	0	67,0
L) JENNIFER C. DESJARLAIS	60.00									
DEAN-ADM.&STUD.FIN.SVCS.		1			X			182,557.	0	29,30
2) RICHARD G. FRENCH	60.00									
DEAN OF ACADEMIC AFFAIRS		1			X			238,498.	0	45,8'
3) KATHRYN LYNCH	60.00									
DEAN OF FACULTY	T				X			211,497.	0	42,73
4) DONNA NG	60.00									
ASSOC.VP-FIN.&ASSOC. PROVOST		1			X			206,436.	0	56,42
5) RAY OQUENDO	60.00									
DIR-INVESTMENT OPERATIONS		1			X			357,023.	0	50,28
5) LOUIS E. SOUSA	60.00									
DIRECTOR - INVESTMENTS		1			X			269,157.	0	44,73
7) GANESAN RAVISHANKER	60.00									
CHIEF INFO.OFFICER&ASSOC.DEAN		1				Х		266,252.	0	33,12
7) GANESAN RAVISHANKER	· · · · · · · ·									
d Total (add lines 1b and 1c)	-						•			
2 Total number of individuals (including but not reportable compensation from the organization		hose 252		d al	oove	e) who	o re	ceived more than	\$100,000 of	
										Yes

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such
	individual
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual
	for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No 3 X 4 X 5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►		

Part VII Section A. Officers, Directors, Tr		y En	nplo			and I	lig		1		ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe d a d	erson lirec	e than c is both tor/trust	an ee)	(D) Reportable compensation from the	compensati relate	(E) Reportable mpensation from related organizations		(F) timated ount of other pensatio	'n
	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		orga and	om the anizatior related nization	
48) VANESSA BRITTO	60.00	_											
CLINICAL DIR-HEALTH SVCS						X		208,724.		0	:	26,2	30.
49) FRANK BIDART	60.00	-											
PROFESSOR OF ENGLISH						X		206,125.		0		24,2	78.
50) EDWARD HOBBS	60.00	-											
PROFESSOR OF RELIGION						X		199,079.		0		45,7	83.
51) FREDERIC SCHULTZ PROFESSOR OF MATHEMATICS	60.00	-				x		194,529.		0		39,2	33.
		-											
		_											
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A												
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste				o re	eceived more than	\$100,000	of			
3 Did the organization list any former offic												Yes	No
employee on line 1a? If "Yes," complete SchedFor any individual listed on line 1a, is the organization and related organizations groups of the organization of the organi	sum of rep	oortab	ole c	om	per	satio	n a	nd other compen	sation from	the	3		X
individual								complete Schedt		Such	4	Х	
 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> 	accrue co	mpen	satio	on f	fron	n any	un				5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest com compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	ervices	C	(C) ompens	ation	
							_			<u> </u>			

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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Par	t VII	Statement of Reven Check if Schedule O co		unse to any quest	ion in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran and similar amounts not included Noncash contributions included in	1b 1c 1d itions) 1e its, 1 above 1f	4,447,661. 48,140,906. 5,740,201.				
	h	Total. Add lines 1a-1f	<u></u>		52,588,567.			
Program Service Revenue	2a b c d	STUDENT TUITION AND FEES STUDENT ROOM AND BOARD		Business Code 900099 900099	100,075,345. 28,223,873.	100,075,345. 28,223,873.		
rogram	e f g	All other program service rev Total. Add lines 2a-2f			128,299,218.			
<u> </u>	3 4	Investment income (includin other similar amounts)	g dividends, inter	rest, and	17,572,541. 102.	102.	-777,279.	18,349,820.
	5 6a	Royalties	(i) Real	(ii) Personal	0			
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (loss) .			0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 554,479,000.	(ii) Other				
	с	and sales expenses Gain or (loss)	466,508,181. 87,970,819.	>	87,970,819.			87,970,819.
Other Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	lising line 1c).		0.151010121			0.12.01012
the	b c	Less: direct expenses Net income or (loss) from fur			0			
0	9a	Gross income from gaming a See Part IV, line 19	activities.					
	b c	Less: direct expenses Net income or (loss) from ga			0			
	10a	Gross sales of inventor returns and allowances	a	1				
	b C	Less: cost of goods sold Net income or (loss) from sal			0			
		Miscellaneous Reven		Business Code	5			
	11a	WELLESLEY COLLEGE CLUB		722320	1,580,499.	572,443.	1,008,056.	
	b	AUXILIARY ENTERPRISES		900099	6,292,932.	5,158,222.	1,134,710.	
	С	NEHOIDEN GOLF CLUB		713990	1,068,481.	147,326.	921,155.	
	d	All other revenue		L				
	е 12	Total. Add lines 11a-11d . Total revenue. See instruction			8,941,912. 295,373,159.	134,177,311.	2,286,642.	106,320,639.

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WELLESLEY COLLEGE Part IX Statement of Functional Expenses

Check if Schedule O contains a respo	onse to any question in	this Part IX		<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	45,143,497.	45,143,497.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	5,680,958.	5,680,958.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,027,059.	3,514,795.	308,925.	203,339
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	92,298,622.	80,885,639.	6,851,324.	4,561,659
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	2,897,538.	2,528,955.	222,277.	146,306
9 Other employee benefits	13,370,548.	9,307,455.	2,416,029.	1,647,064
10 Payroll taxes	6,634,214.	5,790,306.	508,926.	334,982
11 Fees for services (non-employees): a Management	5,837,284.	5,092,213.	55,863.	689,208
b Legal	644,206.	56,313.	572,834.	15,059
c Accounting	194,599.		194,599.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	499,924.		499,924.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,374,760.	8,278,239.	99,937.	996,584
2 Advertising and promotion	0			
3 Office expenses	7,175,873.	6,674,573.	270,553.	230,747
4 Information technology	536,090.	496,657.	30,013.	9,420
5 Royalties	0			
6 Occupancy	7,240,258.	6,683,694.	310,619.	245,945
7 Travel	3,456,648.	3,044,844.	201,410.	210,394
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	1,188,125.	832,486.	223,854.	131,785
20 Interest	2,010,728.	2,010,728.		
21 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	15,791,595.	13,365,216.	2,012,323.	414,056
3 Insurance	1,143,142.	1,122,994.	9,474.	10,674
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT_RENTAL	5,022,297.	4,310,023.	669,693.	42,581
b STUDY_AWAY_EXPENSES	3,701,587.	3,701,587.		
c PRINTING & PUBLICATIONS	1,496,623.	1,223,117.	45,438.	228,068
d POSTAGE_&_SHIPPING	705,816.	448,312.	24,971.	232,533
e All other expenses	10,491,781.	7,949,724.	1,512,018.	1,030,039
Total functional expenses. Add lines 1 through 24e	246,563,772.	218,142,325.	17,041,004.	11,380,443
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following \$COL 08.2, 050, 059, 720)				
following SOP 98-2 (ASC 958-720)	0			

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		WELLESLEY COLLEG	Е			04-	-2103637
	990 (2						Page 11
Pa	rt X	Balance Sheet		, au action in this Day	-4 V		
		Check if Schedule O contains a response	to any	/ question in this Pai		<u></u>	1
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			40,540,541.	1	31,673,700.
	2	Savings and temporary cash investments			57,591,087.	2	55,001,250.
	3	Pledges and grants receivable, net			50,311,935.	3	56,268,226.
	4	Accounts receivable, net Loans and other receivables from current and t	876,070.	4	1,282,312.		
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	omper	nsated employees.			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified pers			1,255,575.	5	442,391
	6	4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and o intary o	contributing employers employees' beneficiary			
ts	_	organizations (see instructions). Complete Part II of Sche	edule L			6	0 001 000
Assets	7	Notes and loans receivable, net	• • •		7,359,527.	7	8,271,736.
Å	8	Inventories for sale or use			711,076.	8	725,036.
	9	Prepaid expenses and deferred charges			2,457,662.	9	4,540,695.
	10 a	Land, buildings, and equipment: cost or	10-	507 011 FEO			
			10a			40-	206 271 620
		Less: accumulated depreciation			299,703,595. 723,543,000.	10c	296,271,620. 718,112,000.
	11	Investments - publicly traded securities		11	974,359,598.		
	12 13	Investments - other securities. See Part IV, line 11		12 13	974,359,590.		
	13 14	Investments - program-related. See Part IV, line 11					
	14	Intangible assets	• • •		×	14	984,000
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal				16	2,147,932,564.
	17	Accounts payable and accrued expenses				17	69,324,925.
	18	Grants payable	5,233,408.	18	6,470,299		
	19	Deferred revenue	• • •			19	2,559,823
	20	Tax-exempt bond liabilities		20	140,765,059		
	21	Escrow or custodial account liability. Complete Pa	C				
itie	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
Ë		disqualified persons. Complete Part II of Schedule			C	22	
	23	Secured mortgages and notes payable to unrelate				23	106,450,000.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,	payab	les to related third			
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			41,665,675.	25	38,869,736.
	26	Total liabilities. Add lines 17 through 25		<u></u>	386,815,693.	26	364,439,842.
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check 34.	there ► X and			
and	27	Unrestricted net assets			547,239,507.	27	583,366,191.
Ba	28	Temporarily restricted net assets			668,932,137.	28	745,063,042.
P	29	Permanently restricted net assets		<u></u>	443,272,871.	29	455,063,489.
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Ĕ	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
Net	33	Total net assets or fund balances			1,659,444,515.	33	1,783,492,722.
		Total liabilities and net assets/fund balances			2,046,260,208.	34	2,147,932,564.

WELLESLEY	COLLEGE
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Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	95,3	73,1	L59.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	46,5	63,5	172.
3	Revenue less expenses. Subtract line 2 from line 1	3		48,8	09,3	387.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	59,4	44,5	515.
5	Net unrealized gains (losses) on investments	5		75,2	38,8	320.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>33,</u> column (B))	10	1,7	83,4	92,7	/22.
Part						
	Check if Schedule O contains a response to any question 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," en	kplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht				
	of the audit, review, or compilation of its financial statements and selection of an independent accourt	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
υu	the Single Audit Act and OMB Circular A-133?			3a	Х	1
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х	
					•	

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury	► A
Internal Revenue Service	A

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of	the organization							Emplo	yer iden	tification number	
WELLES	SLEY COLLEGE								04	-2103637	
Part I	Reason for Publ	lic Charity Status	s (All organizations mu	ist con	nplete	e this pa	art.) Se	e instru	uctions		
The orga	anization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)			
1			association of churches		ed in s	section	170(b)(1)(A)(i)	-		
2 X	A school described	in section 170(b)	 (1)(A)(ii). (Attach Schedul 	e E.)							
3	A hospital or a coo	perative hospital s	ervice organization descr	ibed in	sectio	on 170(b	o)(1)(A)	(iii).			
4	A medical researc	h organization op	erated in conjunction wi	th a h	iospita	l descr	ibed in	sectio	n 170(b)(1)(A)(iii). Ente	er the
	hospital's name, cit										
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in						oed in				
section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	-	-	es a substantial part of it	s supp	ort fro	om a go	overnme	ental un	nit or fro	om the general	public
	described in sectio										
8			on 170(b)(1)(A)(vi). (Com								
9	-	-	es: (1) more than 331/3%							-	-
			exempt functions - sub								
			ome and unrelated busi				-		n 511	tax) from busin	lesses
40			ne 30, 1975. See section					-	、		
10			ted exclusively to test for		-				-		* * * ~ ~
11	-		rated exclusively for the pported organizations de			-					
			bes the type of supporting								SCHOIL
	a Type I		c Type III-Function							inctionally integr	ated
e			the organization is not	•	•		-				
			gers and other than one			-		-	-	-	
	509(a)(1) or section		g								
f	()()	()()	n determination from th	e IRS	that it	is a T	vpe I, T	Type II.	or Type	e III supporting	
	-							, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 5	
g	Since August 17, 2	006, has the orga	nization accepted any gift	t or co	ntributi	ion from	n any of	the			
	following persons?										
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	ər with	persor	is desc	ribed in	(ii) Yes	s No
	and (iii) below,	the governing boo	dy of the supported organ	ization	?					11g(i)	
	(ii) A family memb	per of a person des	scribed in (i) above?							11g(ii)	
	(iii) A 35% controll	ed entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)	
h	Provide the followir	ng information abo	ut the supported organization	ation(s)).	1					
(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify		s the	(vii) Amount of mo	onetary
	organization		above or IRC section	col. (i)	listed in overning	in col	anization I. (i) of	col. (i) o	zation in rganized	support	
			(see instructions))	docu	ment?		upport?		U.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(D)				1	1	1	1	1			
(E)											
(E)											

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Page 2

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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).						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support					-	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge			<u> </u>	
14	Public support percentage for 2012 (li		•			14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2011. If the c						
	check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. E	Explain in
	Part IV how the organization meets t			•	•		supported
b	organization 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizati Explain in Part IV how the organizati	2011. If the organization meets	ganization did n s the "facts-and	ot check a box d-circumstances	c on line 13, 16 s" test, check t	8a, 16b, or 17a, his box and st	op here.
18	supported organization Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	a, or 17b, check	this box and see	
	instructions						▶∟

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Tota	al
1	Gifts, grants, contributions, and membership fees	(0) _ 0 0 0	(,	(0) = 0 + 0	(-,		,	(1) 101	
•	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support		1		1				
Calei	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e)2012	(f) Tota	al
9	Amounts from line 6								
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from similar								
	sources								
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses								
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	sas	ection 501	(c)(3)	
	organization, check this box and stop here								
		port Percent	age						
Sec	tion C. Computation of Public Sup								0.
Sec 15	tion C. Computation of Public Sup Public support percentage for 2012 (line 8		ed by line 13, colur	nn (f))		15			
		, column (f) divid				15 16			
15 16	Public support percentage for 2012 (line 8	, column (f) divid edule A, Part III, lii	ne 15						
15 16	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche	, column (f) divid edule A, Part III, lii nt Income Per	ne 15 centage						%
15 16 Sec	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li	, column (f) divid edule A, Part III, lii nt Income Per ne 10c, column (ne 15 centage (f) divided by line 1	3, column (f))		16			%
15 16 Sec 17 18	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investmen	, column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part	ne 15 centage (f) divided by line 1 III, line 17	3, column (f))		16 17 18	331/3 %,	and line	%
15 16 Sec 17 18	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011	, column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n	ne 15 Centage (f) divided by line 1 III, line 17 ot check the box	3, column (f))	d line 15 is more	16 17 18 e than			%
15 <u>16</u> Sec 17 18 19 a	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the or	, column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto	ne 15 (f) divided by line 1 III, line 17 ot check the box p here. The orga	3, column (f)) c on line 14, and anization qualifie	d line 15 is mor s as a publicly	16 17 18 e than suppo	rted organ	ization 🕨	%
15 <u>16</u> Sec 17 18 19 a	Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (li Investment income percentage from 2011 331/3% support tests - 2012. If the or 17 is not more than 331/3%, check th	, column (f) divid edule A, Part III, lin nt Income Per ne 10c, column (Schedule A, Part ganization did n is box and sto anization did not	reentage (f) divided by line 1 III, line 17 ot check the box p here. The orga check a box on	3, column (f)) c on line 14, and anization qualifie line 14 or line 15	d line 15 is mor s as a publicly 9a, and line 16 is	16 17 18 e than suppo	rted organ than 331/	ization >	% % %

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2012

Schedule B

(FOIII 990, 990-EZ,	
or 990-PF)	
Department of the Treasury Internal Revenue Service	
Internal Revenue Service	
Name of the organizatio	n

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

WELLESLEY	COLLEGE
инппропрт	COULEGE

Organization type (check one):

04-	21	03	637	

Filers of:	Section:
Form 990 or 990-EZ	X 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

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

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) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization WELLESLEY COLLEGE

Page 2

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 1		\$\$,2,250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 2		\$ 3,150,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
- 3		\$1,988,712.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 4		\$1,224,914.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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PAGE 22

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

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

(b)

Description of noncash property given

PUBLICLY TRADED SECURITIES

(a) No.

from

Part I

_ _ _3_

(d)

Date received

(c)

FMV (or estimate)

(see instructions)

	Form 990, 990-EZ, or 990-PF) (2012)						
ame of org	ganization WELLESLEY COLLEGE		Employer identification number				
			04-2103637				
art III <i>E</i>	Exclusively religious, charitable, etc., hat total more than \$1,000 for the ve	ar Complete columns (a)	c section 501(c)(7), (8), or (10) organization through (e) and the following line entry.				
	For organizations completing Part III, er						
г С	contributions of \$1,000 or less for the	vear. (Enter this informatio	n once. See instructions.)				
	Jse duplicate copies of Part III if addition		······································				
a) No. from		·					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		· · · · · · · · · · · · · · · · · · ·					
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(,, , , , , , , , , , , , , , , , , , ,	(1)					
	(e) Transfer of gift						
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
			Relationship of transferor to transferee				
	Transferee's name, address, and						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(0) 000 01 gitt					
	(e) Transfer of gift						
		(c)					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
			Schedule B (Form 990, 990-EZ, or 990-PF)				

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SCHEE	DULE	D
(Form	990)	

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047
2012
Open to Public

	nal Revenue Service	Attach to	Form 990. See separate instructions.	
Name	e of the organization			Employer identification number
	LESLEY COLLEG			04-2103637
Pai		tions Maintaining Donor Adv ion answered "Yes" to Form 9	ised Funds or Other Similar Funds o 90, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
I	Total number at e	nd of year		
2		utions to (during year)		
		from (during year)		
1		at end of year		
5			advisors in writing that the assets held in	n donor advised
	-		e organization's exclusive legal control?	
3	-		nd donor advisors in writing that grant fur	
•	-	-	t of the donor or donor advisor, or for an	
Pa			the organization answered "Yes" to F	
			organization (check all that apply).	
		of land for public use (e.g., recre		of an historically important land area
		f natural habitat		of a certified historic structure
		of open space		
			eld a qualified conservation contribution i	n the form of a conservation
		last day of the tax year.		
				Held at the End of the Tax Year
a	Total number of c	onservation easements		2a
b			s	
5			historic structure included in (a)	
, t			acquired after 8/17/06, and not on a	
u				2d
			sferred, released, extinguished, or termin	
			sterred, released, extinguished, or termin	
			rvation easement is located ►	
			ing the periodic monitoring, inspection, h	
5	-		sements it holds?	
;			specting, and enforcing conservation ea	
		a nours devoted to monitoring, in	ispecting, and enforcing conservation ea	sements during the year
,	Amount of expense	es incurred in monitoring inspec	ting, and enforcing conservation easeme	ents during the year
	►\$		and entoroning conservation easeline	
			e 2(d) above satisfy the requirements of s	action 170(h)(4)(R)
		-		
	In Part XIII descri		conservation easements in its revenue ar	A expense statement and
)		•	of the footnote to the organization's finance	•
		counting for conservation easeme	5	
Pai		·	of Art, Historical Treasures, or Othe	er Similar Assets.
			"Yes" to Form 990, Part IV, line 8.	
a	If the organization	n elected, as permitted under SF	FAS 116 (ASC 958). not to report in its	revenue statement and balance sheet
	works of art, hist	orical treasures, or other simila	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, edu potnote to its financial statements that de	ucation, or research in furtherance of
_				
b			SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, edu	
		vide the following amounts relati		
		u		▶ \$
			rt, historical treasures, or other similar	
	-		FAS 116 (ASC 958) relating to these iten	
а				
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		Act Notice, see the Instructions for		Schedule D (Form 990) 2012
SA				
68 1.0	00			

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of as collection interms (check all that apply): a X Public exhibition d X b X Scholarly research e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or reacive domains of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes X No Part M Escrow and Custodial Arrangements. Complete if the organization answered Yes' to Form 990, Part X, line 21. Its the organization an agent, thastee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Its St the organization include an amount on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21. Yes X No 0 If Yes,* explain the arrangement in Part XII. Check her if the explanation has been provided in Part XII. Yes No 0 If Yes,* explain the arrangement in Part XII. Check her if the explanation has been provided in Part XII. Yes No 14 <t< th=""><th>-</th><th>lule D (Form 990) 2012</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>age 2</th></t<>	-	lule D (Form 990) 2012												age 2
collection terms (check all that apply): d X Scholarly research d X Scholarly research b X Scholarly research e Other collection terms (check all that apply): d X Scholarly research collection terms (check all that apply): d X Scholarly research collection terms (check all that apply): d X Scholarly research d X Scholarly research 0 ther collection terms (check all that apply): e Other d X Scholarly research Versite a description of the organizations collection? collection terms (check all that apply): e Other d X Scholarly research Versite a participation scholar Arrangemertin Part XII. d X Scholarly research Versite and the organization apply. d X Scholarly research Versite arrangement in Part XII. d Scholarly research Intermodiary for contributions or other assets not included on form 990. Part X, line 21. d Additions during the year 11 d Enginning balance Intermodiary for contributions or other assets not included on amount on Form 990. Part X, line 21. d Additions during the year 11 d Enginning of year balance 146 Schoarly research d Detro organization include an amount on Form 990. Part X, line 21. 127 Schoarly research	Par	t III Organizations Maintaini	ng Colle	ctions of	f Art, His	torical	Treasu	res,	or Ot	her Simi	lar Ass	ets (con	tinue	əd)
b Scholarly research e Other 4 Provention for future generations • Other similar 3 During the year, did the organization's collections and explain how they further the organization's extempt purpose in Part XII. 3 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization accelection?	3			ion, and c	other recor	ds, checł	k any o	of the	e follow	ving that a	ire a sigr	nificant u	se of	its
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c	b	X Scholarly research			е 🗌	Other								
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(i) unrelated organizations 3a(i) x (ii) related organizations 3a(ii) x 3b - 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land 42,181,663. 42,181,663. 42,181,663. b Buildings 450,996,587.205,321,143.245,675,444. 245,675,444. c Leasehold improvements. 8,676,334.5,418,787.3,257,547. 3,257,547.	3a	Are there endowment funds not in	the posse	ssion of th	ne organiza	ation that	are hel	d an	d admir	nistered for	the	_		
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b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 42,181,663. 42,181,663. 42,181,663. b Buildings 450,996,587. 205,321,143. 245,675,444. c Leasehold improvements. 8,676,334. 5,418,787. 3,257,547. e Other 5,156,966. 5,156,966. 5,156,966. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).). 296,271,620.		.,												
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d Equipment 8,676,334. 5,418,787. 3,257,547. e Other 5,156,966. 5,156,966. 5,156,966. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ≥ 296,271,620.	b	Buildings	[450,9	996,58	37.	205,3	21,143.		245,67	5,4	44.
e Other 5,156,966. 5,156,966. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ≥ 296,271,620.	С	Leasehold improvements	[
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) > 296, 271, 620.	d	Equipment	[5,4	18,787.				
	_													
	Tota	I. Add lines 1a through 1e. (Column	(d) must	equal Forn	n 990, Part	X, columr	n (B), lin	ne 10	(c).)	►				

Schedule D (Form 990) 2012

04-2103637

Part VII Investments - Other Securities. See	e Form 990. Part X. line 12	2
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
<pre>3) Other (A) PRIVATE EQUITY</pre>		T-7 M T 7
(B) REAL ASSETS		FMV FMV
(C) ABSOLUTE RETURN	363,757,000.	FMV FMV
(D) MISCELLANEOUS OTHER	27,132,598.	FMV
(E) RESTRICTED CONSTRUCTION FUNDS	44,892,000.	FMV
(F)		
(G)		
(l)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 974,359,598.	
Part VIII Investments - Program Related. See	e Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8) (9)		
(8) (9) 10)		
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2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	330,280,118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments2a75,238,820.		
b	Donated services and use of facilities 2b	1	
с	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d 13,990,250.	1	
е	Add lines 2a through 2d	2e	89,229,070.
3	Subtract line 2e from line 1	3	241,051,048.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,760,123.		
b	Other (Describe in Part XIII.) 4b 50,561,988.	1	
c	Add lines to and the	4c	54,322,111.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	295,373,159.
Part		-	29979797299
1	Total expenses and losses per audited financial statements	1	206,232,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	200723279131
a			
b	Prior voor adjustmente	1	
c	Other leases	1	
d		1	
e		2e	13,990,250.
3		3	192,242,663.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	192,242,005.
=			
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3,760,123.	-	
b	Other (Describe in Part XIII.) 4b 50,560,986.		
c _	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>	4c	54,321,109.
5		5	246,563,772.
Part	Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V line	a 1 b and 2 b;
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		
inform			
Sŀ	E PAGE 5		

Schedule D (Form 990) 2012

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION.

Part XIII Supplemental Information (continued)

PART III, LINE 1A:

WELLESLEY COLLEGE DOES NOT REPORT AS REVENUE ANY GIFTS FOR 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 TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE.

DESCRIPTION OF ORGANIZATION'S COLLECTIONS,

PART III, LINE 4:

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, SCULPTURE, 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 AWARENESS OF RICHNESS AND BREADTH OF HUMAN CREATIVITY AND A RESPECT FOR

DIVERSITY.

INTENDED USES OF ENDOWMENT FUNDS,

PART V, LINE 4:

WELLESLEY COLLEGE'S ENDOWED FUNDS ARE USED TO SUPPORT CRITICAL ACADEMIC PROGRAMS OF THE COLLEGE AND FINANCIAL AID TO STUDENTS.

OTHER CHANGES IN REVENUE,

PART XI, LINE 2D:

MINIMUM PENSION LIABILITY: \$9,952,000; NET GAIN ON INTEREST SWAP: \$4,932,000; GIFTS IN-KIND: (\$893,750); TOTAL ADJUSTMENT: \$13,990,250

OTHER CHANGES IN REVENUE,

PART XI, LINE 4B:

FINANCIAL AID EXPENSE INCLUDING PELL GRANTS: \$50,560,970; ROUNDING AMOUNT DUE TO FINANCIAL STATEMENTS SHOWING AMOUNTS TO THE NEAREST THOUSAND DOLLARS: \$1,018; TOTAL ADJUSTMENT: \$50,561,988

OTHER CHANGES IN EXPENSES,

PART XII, LINE 2B:

MINIMUM PENSION LIABILITY: \$9,952,000; NET GAIN ON INTEREST SWAP: \$4,932,000; GIFTS IN-KIND: (\$893,750); TOTAL ADJUSTMENT: \$13,990,250

OTHER CHANGES IN EXPENSES,

PART XII, LINE 4B:

FINANCIAL AID EXPENSE INCLUDING PELL GRANTS: \$50,560,970; ROUNDING AMOUNT

DUE TO FINANCIAL STATEMENTS SHOWING AMOUNTS TO THE NEAREST THOUSAND

DOLLARS: \$16; TOTAL ADJUSTMENT: \$50,560,986

SCHEDULE E (Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

Complete if the organization answered "Yes" to	Form	990
Part IV, line 13, or Form 990-EZ, Part VI, li	ne 48.	

Attach to Form 990 or Form 990-EZ.



Name of the organization

Department of the Treasury Internal Revenue Service

WELLESLEY COLLEGE

Employer identification number 04-2103637

			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		v	
	describe. If "No," please explain. If you need more space, use Part II	3	X	
	SEE SUPPLEMENTAL PAGE			
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	x	
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
h	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	Δ	
_				
5 a	Does the organization discriminate by race in any way with respect to:	50		Х
a	Students' rights or privileges?	<u>5a</u>		
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
Ь	Scholarships or other financial assistance?	5d		х
u		50		
е	Educational policies?	5e		Х
f	Use of facilities?	5f		<u>X</u>
g	Athletic programs?	5g		Х
5				
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
-	Does the organization receive any financial aid or assistance from a governmental agency?		X	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b		X
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	Х	
For I	Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 9	990 or 9	990-EZ)	(2012)

Page 2

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

PUBLICATION OF NONDISCRIMINATORY POLICY,

PART I, LINE 3:

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

FINANCIAL ASSISTANCE FROM A GOVERNMENTAL AGENCY,

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.

	IEDULE F	Staten	nent of A	ctivities	Outside the Uni	ted St	ates 🗖	IB No. 1545-0047
(Fo	rm 990)		Complete if		n answered "Yes" to Form 9 14b, 15, or 16.	90,		2012
	tment of the Treasury al Revenue Service		Attach t	-	See separate instructions.		In	pen to Public spection
	of the organization						Employer identificat	
_	LESLEY COLLEG			Outoido tha l	Inited States Complete	:f the end	04-2103637	
Par		Part IV, line 14		Outside the t	Jnited States. Complete	if the org	janization answei	red Yes to
1	-	antees' eligibili	ty for the grant	ts or assistance	substantiate the amount o e, and the selection criter	•		Yes No
2	For grantmakers. assistance outside			ganization's p	rocedures for monitoring	the use	of its grants a	nd other
3	Activities per Regi	on. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	bace is ne	eded.)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	a pro describ	ivity listed in (d) is ogram service, ie specific type of ice(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE		1.	6.	PROGRAM SERVICES	ACAD.PR	OG.FOR STUDENTS	1,887,795.
(2)	CENTRAL AMERICA/C	ARIBBEAN			PROGRAM SERVICES	STUDY A	WAY TUITION	35,744.
(3)	EAST ASIA AND THE	PACIFIC			PROGRAM SERVICES	STUDY A	WAY TUITION	292,906.
(4)	EUROPE				PROGRAM SERVICES	STUDY A	WAY TUITION	1,851,738.
(5)	MIDDLE EAST AND N	ORTH AFRICA			PROGRAM SERVICES	STUDY A	WAY TUITION	61,700.
(6)	NORTH AMERICA				PROGRAM SERVICES	STUDY A	WAY TUITION	14,900.
(7)	SOUTH AMERICA				PROGRAM SERVICES	STUDY A	WAY TUITION	101,330.
(8)	SOUTH ASIA				PROGRAM SERVICES	STUDY A	WAY TUITION	56,145.
(9)	SUB-SAHARAN AFRIC	A			PROGRAM SERVICES	STUDY A	WAY TUITION	144,737.
<u>(10)</u>	NORTH AMERICA				PROGRAM SERVICES	STUDY A	WAY PROGRAM	227,590.
<u>(11)</u>	RUSSIA/INDEPENDEN	T STATES			PROGRAM SERVICES	STUDY A	WAY PROGRAM	42,371.
<u>(12)</u>	CENTRAL AMERICA/C	ARIBBEAN			INVESTMENTS			297,431,391.
<u>(13)</u>	EAST ASIA AND THE	PACIFIC			INVESTMENTS			29,194,524.
<u>(14)</u>	EUROPE				INVESTMENTS			127,087,353.
<u>(15)</u>	MIDDLE EAST AND N	ORTH AFRICA			INVESTMENTS			10,956,008.
<u>(16)</u>	NORTH AMERICA				INVESTMENTS			69,146,715.
	SOUTH ASIA				INVESTMENTS			11,455,495.
3a b		continuation	1.	6.				549,988,442.
_	Totals (add lines	s 3a and 3b)	1. the Instruction	6 . s for Form 990.			Schedule	549,988,442. F (Form 990) 2012

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WELLESLEY	COLLEGE
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Page **2**

Schedule F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by	ter total number of recipient the IRS, or for which the gra ter total number of other org	intee or counsel has provide	d a section 501(c)(3)	equivalency lette	r		▶		

Page **3**

Schedule F (Form 990) 2012

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
1) INTERNSHIP	CENT. AMERICA/CARIBBEAN	2.	5,000.				
2) INTERNSHIP	EAST ASIA/PACIFIC	25.	33,500.				
(3) INTERNSHIP	EUROPE/ICELAND/GREENLAND	27.	212,336.				
(4) INTERNSHIP	MIDDLE EAST/NORTH AFRICA	4.	25,500.				
(5) INTERNSHIP	NORTH AMERICA	1.	7,500.				
(6) INTERNSHIP	SOUTH AMERICA	2.	10,000.				
(7) INTERNSHIP	SOUTH ASIA	11.	32,500.				
(8) INTERNSHIP	SUB-SAHARAN AFRICA	20.	48,500.				
(9) FINANCIAL AID	CENT. AMERICA/CARIBBEAN	4.	190,034.				
0) FINANCIAL AID	EAST ASIA/PACIFIC	33.	1,148,899.				
1) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	33.	1,458,486.				
2) FINANCIAL AID	MIDDLE EAST/NORTH AFRICA	5.	211,930.				
3) FINANCIAL AID	NORTH AMERICA	15.	593,555.				
4) FINANCIAL AID	RUSSIA/NEWLY IND. STATES	3.	142,457.				
5) FINANCIAL AID	SOUTH AMERICA	3.	142,751.				
6) FINANCIAL AID	SOUTH ASIA	13.	557,987.				
7) FINANCIAL AID	SUB-SAHARAN AFRICA	16.	860,023.				
18)							

Schedule F (Form 990) 2012

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Schedule F (Form 990) 2012			Page 4		
Par	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)	X	Yes	No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)		Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X	Yes	No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X	Yes	No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X	Yes	No	

6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes

Schedule F (Form 990) 2012

No

Х

Part V Supplemental Information

Complete this part to 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).

MONITORING USE OF GRANTS FUNDS,

PART I, LINE 2:

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. 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.

Schedule F (Form 990) 2012

SCHED	DULE I
(Form	990)

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

OMB No. 1545-0047 20**12** Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization

WELLESLEY COLLEGE

04-2103637

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) _		-						
(2)		-						
_(3) _		-						
_(4) _		-						
(5)		-						
(6)		-						
_(7) _		-						
(8)		-						
_(9) _		-						
(10)_		-						
(11)_		-						
(12)		-						
<u>3</u> E	nter total number of section 501(c)(3) and go nter total number of other organizations liste	d in the line	1 table					
For Pa	aperwork Reduction Act Notice, see the Ins	structions fo	r Form 990.					le I (Form 990) (2012)

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. 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	1,283.	44,556,879.			
2 INTERNSHIP	378.	586,618.			
	570.	500,010.			
3					
4					
5					
6					
0					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MONITORING USE OF GRANT FUNDS,

PART I, LINE 2:

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.

SCHE	DULE J	Comper	Isat	tion Information	1	OMB No.	1545-0	047
	n 990)	For certain Officers, Dire	ctors	, Trustees, Key Employees, and Highest sated Employees		୬៣	19	
			aniza	tion answered "Yes" to Form 990,				
	ent of the Treasury Revenue Service	Attach to Form		t IV, line 23. ► See separate instructions.		Open to	o Pur ectio	
	f the organization				Employer identificat			
WELL	ESLEY COL	LEGE			04-21036	537		
Part	Questio	ns Regarding Compensation						
							Yes	No
	•			ed any of the following to or for a perso				
		•	Ċ.	vide any relevant information regarding				
		ss or charter travel	X	Housing allowance or residence for p				
		or companions		Payments for business use of personal				
		mnification and gross-up payments	X	Health or social club dues or initiation				
		onary spending account		Personal services (e.g., maid, chauffe	ur, cher)			
	or reimburse	ment or provision of all of the ex	pens	ganization follow a written policy reg es described above? If "No," comp	olete Part III t	0	x	
2	explain	vization require substantiation prior to	roim	bursing or allowing expenses incurre	d by all officer	1b		
	-			ding the items checked in line 1a?	-		x	
			rogu					
3	Indicate which	, if any, of the following the filing organ	nizati	on used to establish the compensation	n of the			
	organization's	CEO/Executive Director. Check all the	at ap	ply. Do not check any boxes for method	ls used by a			
	related organ	zation to establish compensation of th	e CE	O/Executive Director, but explain in Pa	rt III.			
		sation committee	X	Written employment contract				
	X Indepen	dent compensation consultant	Х	Compensation survey or study				
	Form 99	0 of other organizations	Х	Approval by the board or compensat	ion committee			
4	During the year	ar, did any person listed in Form 990,	Part	VII, Section A, line 1a, with respect to t	the filing			
	organization of	r a related organization:			-			
а	Receive a sev	verance payment or change-of-control p	ayme	ent?		4a		X
				nonqualified retirement plan?				X
				compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each ite	em in Part III.			
	Only costion	$E(1/\alpha)/2$ and $E(1/\alpha)/4$ arganizations	m 110	t complete lines 5.0				
	-	501(c)(3) and 501(c)(4) organizations		a, did the organization pay or accrue ar	21/			
	•	contingent on the revenues of:	me	ra, did the organization pay of accrue al	ly			
	•	•				5a		Х
b	Any related or	rganization?				5b		X
		e 5a or 5b, describe in Part III.	•••					
			line [·]	a, did the organization pay or accrue ar	ny			
	-	contingent on the net earnings of:			-			
а	The organizat	on?				6a	Х	
b	Any related of	ganization?				6b		X
	If "Yes" to line	6a or 6b, describe in Part III.						
				line 1a, did the organization provid				
				e in Part III				X
				d or accrued pursuant to a contract t				
		-	-	lations section 53.4958-4(a)(3)? If				
								X
		.		the rebuttable presumption procedu				
				<u></u>				
For Pa	perwork Reduc	tion Act Notice, see the Instructions for Fe	orm 9	90.	Sch	edule J (Fo	orm 990	u) 2012

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(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.

	T	(B) Breakdown	of 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)	reported as deferred in prior Form 990
H. KIM BOTTOMLY	(i)	421,880.	40,000.	7,754.	30,848.	79,884.	580,366.	(
1 PRESIDENT	(ii)	0	C	0	0	0	() (
ANDREW B. EVANS	(i)	297,452.	3,000.	1,997.	30,848.	17,108.	350,405.	C
2 VP FOR FINANCE&TREASURER	(ii)	0	C	0	0	0	() (
DEBORAH F. KUENSTNER	(i)	479,880.	152,608.	1,174.	30,848.	2,145.	666,655.	C
3 CHIEF INVESTMENT OFFICER	(ii)	0	C	0	0	0	() (
CAMERAN M. MASON	(i)	267,383.	C	374.	30,849.	17,310.	315,916.	C
4 VP FOR RESOURCES&PUB.AFF.	(ii)	0	C	0	0	0	() (
ANDREW SHENNAN	(i)	258,364.	30,000.	587.	30,848.	36,889.	356,688.	C
5 PROVOST&DEAN OF COLLEGE	(ii)	0	C	0	0	0	() (
KATHLEEN R. BROWN	(i)	299,947.	107,968.	0	30,848.	10,983.	449,746.	C
6 DIRECTOR - INVESTMENTS	(ii)	0	C	0	0	0	() (
DEBRA S. DEMEIS	(i)	190,409.	C	1,114.	23,120.	43,941.	258,584.	C
7 DEAN OF STUDENTS	(ii)	0	C	0	0	0	() (
JENNIFER C. DESJARLAIS	(i)	182,317.	C	240.	22,382.	6,919.	211,858.	LC
8 DEAN-ADM.&STUD.FIN.SVCS.	(ii)	0	C	0	0	0	() (
RICHARD G. FRENCH	(i)	237,130.	C	1,368.	29,721.	16,150.	284,369.	LC
9 DEAN OF ACADEMIC AFFAIRS	(ii)	0	C	0	0	0	() (
KATHRYN LYNCH	(i)	210,197.	C	1,300.	26,265.	16,465.	254,227.	C
10 DEAN OF FACULTY	(ii)	0	C	0	0	0	() (
DONNA NG	(i)	206,140.	C	296.	26,213.	30,216.	262,865.	C
11 ASSOC.VP-FIN.&ASSOC. PROVOST	(ii)	0	C	0	0	0	() (
RAY OQUENDO	(i)	280,102.	76,495.	426.	30,848.	19,440.	407,311.	LC
12 DIR-INVESTMENT OPERATIONS	(ii)	0	C	0	0	0	() (
LOUIS E. SOUSA	(i)	268,933.	C	224.	30,848.	13,885.	313,890.	C
13 ^{DIRECTOR - INVESTMENTS}	(ii)	0	C	0	0	0	() (
GANESAN RAVISHANKER	(i)	265,326.	C	. 926	30,847.	2,280.	299,379.	LC
14 CHIEF INFO.OFFICER&ASSOC.DEAN	(ii)	0	C	0	0	0	() (
VANESSA BRITTO	(i)	205,851.	2,500.	373.	25,356.		234,954.	LC
15 CLINICAL DIR-HEALTH SVCS	(ii)	0	C	0	0	0	() (
FRANK BIDART	(i)	202,203.	C	3,922.	23,342.	936.	230,403.	LC
16 PROFESSOR OF ENGLISH	(ii)	0	C	0	0	0	(

Schedule J (Form 990) 2012

JSA 2E1291 1.000

Schedule J (Form 990) 2012

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

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

Note. The sum of columns (B)(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 W-2 and/or 1099-MISC	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)	reported as deferred in prior Form 990
EDWARD HOBBS	(i)	195,231.	0	3,848.	25,017.	20,766.	244,862.	(
1 PROFESSOR OF RELIGION	(ii)	0	Q	0	0	0	C	(
FREDERIC SCHULTZ	(i)	192,286.	0	2,243.	23,968.	15,265.	233,762.	(
2 PROFESSOR OF MATHEMATICS	(ii)	0	O	0	O	0	C	(
	(i)	L						
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)	L						
12	(ii)							
	(i)	L						
13	(ii)							
	(i)	L						
14	(ii)							
	(i)	L						
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

JSA 2E1291 1.000 Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

BENEFITS PROVIDED,

PART I, LINE 1A:

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 AREAS 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 HOUSING REQUIREMENT AS A CONDITION OF EMPLOYMENT IS DOCUMENTED IN THE EMPLOYEES' FILES. THE COLLEGE WILL NOT PAY FOR PERSONAL SERVICES WITH THE EXCEPTION OF THE PRESIDENT'S HOUSE. 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.

04-2103637

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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.

PAYMENTS CONTINGENT ON NET EARNINGS,

PART I, LINE 6A:

EMPLOYEES IN THE INVESTMENT OFFICE HAVE AN INCENTIVE PERFORMANCE-RELATED

BONUS SYSTEM BASED ON THE INVESTMENT PERFORMANCE OF THE WELLESLEY COLLEGE

ENDOWMENT.

JSA 2E1505 1.000 Schedule J (Form 990) 2012

SCHED	ULE K
(Form	990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

WELLESLEY COLLEGE									04-2103637					
Part I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		ed (h) On behalf of issuer		(i) Poo financ				
						Yes	No	Yes	No	Yes	No			
A WELLESLEY COLLEGE SERIES I	04-2103637	57586CP25	01/28/2008	57,385,000.	CONSTRUCTION - REFINANCING		x		x		x			
B Wellesley college series j	04-2103637	57583UNP9	04/01/2012	49,800,000.	CONSTRUCTION - REFINANCING		x		x		x			
c									<u> </u>					
D														

Pa	rt II Proceeds								
			4		В	(C	D)
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	59,1	00,349.	55,4	97,618.				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	32,4	73,135.	53,6	83,508.				
7	Issuance costs from proceeds	5	30,057.	4	97,618.				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	8,9	98,334.						
11	Other spent proceeds								
12	Other unspent proceeds	13,0	06,273.						
13	Year of substantial completion	201	0						
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	Х		Х					
15	Were the bonds issued as part of an advance refunding issue?	Х		Х					
16			Х		Х				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								
Pa	rt III Private Business Use								
			4		В		C	D	,
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?		Х		Х				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х				
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.						s	chedule K (Fo	rm 990) 2012



► See separate instructions.

Employer identification number

WELLESLEY COLLEGE

04-2103637

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)	<u>⊥</u>									
		4	4			В		c	[כ
3a Are there any management or service contracts that may resuluse of bond-financed property?		Yes	No X		Yes	No X	Yes	No	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel of to review any management or service contracts relating to the financed pro- tor service contracts relating to the financed pro- service contracts relating to the financed pro- tor financed pro- service contracts relating to the financed pro- ser	or other outside counsel									
• Are there any research agreements that may result in private b financed property?	usiness use of bond-	x				x				
d If "Yes" to line 3c, does the organization routinely engage bo outside counsel to review any research agreements relating to the	ond counsel or other	X								
4 Enter the percentage of financed property used in a private bus other than a section 501(c)(3) organization or a state or local gove				%		%		%		
5 Enter the percentage of financed property used in a private result of unrelated trade or business activity carried on b another section 501(c)(3) organization, or a state or local governm	y your organization,	2.	.6100	%		%		%		,
6 Total of lines 4 and 5			.6100			%		%		
7 Does the bond issue meet the private security or payment test?			X			X				
 8a Has there been a sale or disposition of any of the bond-financed p mental person other than a 501(c)(3) organization since the bonds 	property to a nongovern-		x			x				
 b If "Yes" to line 8a, enter the percentage of bond-financed property of 	sold or disposed		I	%		%		%		
 c If "Yes" to line 8a, was any remedial action taken pursuant to Reg 1.141-12 and 1.145-2? 	ulations sections									
 9 Has the organization established written procedures to ensure that bonds of the issue are remediated in accordance with the required Regulations sections 1.141-12 and 1.145-2? 	at all nonqualified ments under		x			x				
Part IV Arbitrage	i									
		ŀ	4			В		с	[)
		Yes	No		Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?			Х			Х				
2 If "No" to line 1, did the following apply?										
a Rebate not due yet?		Х			Х					
b Exception to rebate?			Х			Х				
c No rebate due?			Х			Х				
If you checked "No rebate due" in line 2c, provide in Part VI the da	ite the rebate									
computation was performed										
3 Is the bond issue a variable rate issue?		Х				X				
a Has the organization or the governmental issuer entered into a qu	alified hedge with									
	5	Х				х				
respect to the bond issue?			-			-				
respect to the bond issue? b Name of provider		P MORGAN				I				
b Name of provider	JP	P MORGAN	31.440	<u>р</u>						
		P MORGAN	31.440 X	2						

Page **2**

Schedule K (Form 990) 2012

		A		В		C	C)
	Yes	No	Yes	No	Yes	No	Yes	N
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	X			X				
6 Were any gross proceeds invested beyond an available temporary period?	Å			Å				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X					
Part V Procedures To Undertake Corrective Action							.	
		A		В		C	C)
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	N
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?		x		X				

Schedule K (Form 990) 2012

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

 ▶ 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. ▶ See separate instructions.

<u>
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pen To Public
Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part III

Department of the Treasury

WELLESLEY COLLEGE

Employer identification number

04-2103637

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

4	(a) Name of disqualified person	(b) Relationship between disqualified person	(a) Description of transaction	(d) Ca	rrected?
-	(a) Name of disqualified person	and 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 p	ersons during the year		
	under section 4958		▶ \$		

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 Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		? (h) Approved by board or committee?		(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) ANDREW SHENNAN	OFFICER	MORTGAGE		Х	598,350.	442,391.		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	442,391.						

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) 2012

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz reven	zation's
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

 Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990. 20**12** 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

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art - Works of art	Х	85.	0	N/A			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods.							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	275.	5,739,201.	SELLING E	RICE	/FM	J
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(BOOKS)	X	4.		N/A			
26	Other ►(BOOKCASE)	X	1.	1,000.	FMV			
27	Other ►()			,				
28	Other ►()							
29	Number of Forms 8283 received	by the oras	nization during the tax ve	ar for contributions for				
23	which the organization completed I				29			
	which the organization completed i	0111 0200,	raitiv, bonee Acknowledg				Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	es 1-28 that			
	it must hold for at least three yea	rs from the	date of the initial contribu	tion, and which is not red	quired to be			
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		ance policy that require	s the review of any r	ion-standard			
	contributions?			-		31	х	
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash	 	-	
	contributions?	•	•			32a		Х
b	If "Yes," describe in Part II.					0_0		
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)) is checked			
	describe in Part II.		(-))	, , ,	· · · · · · · · · · · · · · · · · · ·			
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule	M (Forn	n 990)	(2012)
	· ·						,	,

Schedule M (Form 990) (2012)

Part II Supplemental Information. Complete this part to 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.

USE OF THIRD PARTIES,

PART I, LINE 32B:

WELLESLEY COLLEGE USES A SECURITIES BROKER TO SELL ALL DONATED PUBLICLY

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

VALUE.

ACCOUNTING FOR WORKS OF ART,

PART I, LINE 33:

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.

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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



FORM 990 REVIEW,

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

FORM 990 WAS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED BY THE COLLEGE'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 PRIOR TO FILING.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY,

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

CONFLICT OF INTEREST POLICIES ARE IN PLACE FOR TRUSTEES, OFFICERS, EXTERNAL INVESTMENT COMMITTEE MEMBERS, AND ALL EMPLOYEES. TRUSTEES AND OFFICERS ARE REQUIRED TO DISCLOSE - AT LEAST AS OFTEN AS ANNUALLY AND WHENEVER A POTENTIAL CONFLICT ISSUE ARISES - FINANCIAL OR PERSONAL INTERESTS WHICH MAY GIVE RISE TO CONFLICTS. THE CLERK OF THE BOARD OF TRUSTEES PROVIDES AN ANNUAL REPORT TO THE TRUSTEES SUMMARIZING THE CONFLICT OR POTENTIAL CONFLICT 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. SELECT DEPARTMENT HEADS AND OTHER EMPLOYEES ON AN ANNUAL BASIS MAKE A WRITTEN DISCLOSURE TO THE VICE PRESIDENT FOR FINANCE AND TREASURER OF REPORTABLE CONFLICTS OF INTEREST AS DEFINED IN THE CONFLICT OF INTEREST POLICY. EMPLOYEES ARE RESPONSIBLE

FOR COMPLETING AND RETURNING A DISCLOSURE FORM TO THE VICE PRESIDENT FOR FINANCE AND TREASURER. THE RESPONSES MAY BE MODIFIED BY THE EMPLOYEE AT ANY TIME DURING THE YEAR IF THERE ARE CHANGES. THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION OR HIS DESIGNEE REVIEWS ALL FORMS AND TAKES ANY APPROPRIATE ACTION THAT MAY BE NECESSARY.

COMPENSATION REVIEW AND APPROVAL,

FORM 990, PART VI, SECTION B, LINE 15:

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 USES VARIOUS COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT AS WELL AS OTHER MARKET SURVEYS. 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.

AVAILABILITY OF DOCUMENTS,

FORM 990, PART VI, SECTION C, LINE 19: 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.

12589.0

AMENDING FORM 990,

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization

WELLESLEY COLLEGE

FORM 990, LINE B:

THE COLLEGE IS AMENDING FORM 990 TO CORRECT THE OMISSION OF SCHOLARSHIP

EXPENDITURE INFORMATION FROM ENDOWMENT FUNDS ON SCHEDULE D, PART V, LINE

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

1D.

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

FRANCE

ITALY

MEXICO

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION EDUCATORS HEALTH LLC HEALTH INSURANCE 1,074,026. 123 INTERSTATE DRIVE WEST SPRINGFIELD, MA 01089 GUND PARTNERSHIP ARCHITECT SVCS. 712,854. 47 THORNDIKE STREET CAMBRIDGE, MA 02141 ROPES & GRAY LEGAL FEES 558,311. ONE INTERNATIONAL PLACE BOSTON, MA 02110 KLIMENT HALSBAND ARCHITECTS 589,417. ARCHITECT SVCS. 322 EIGHTH AVENUE, FLOOR 20 NEW YORK, NY 10001 CALUMET PRINTING SERVICES PRINTING SERVICES 476,174. 30 CENTRAL STREET SUITE 6 PEABODY, MA 01960

04-2103637

ATTACHMENT 1

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2012

_(3)

_(5)

_(6)

_(4)_____

04-2103637

SCHEDULE R (Form 990)	Related Organizations	and Unrelate	ed Partnersh	ips		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Complete if the organization answered Attach to Form 990. 	"Yes" to Form 990, Pa ▶ See separa		Open to Public Inspection		
Name of the organization					Employ	er identification number
WELLESLEY COLL	EGE				04-2	103637
Part I Identific	ation of Disregarded Entities (Complete if the organization	answered "Yes" to	o Form 990, Part IV	/, line 33.)		
1	(a) Jame, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year asset	s (f) Direct controlling entity
_(1)						
_(2)						

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

(a) Name, address, and EIN of related organization	(b) 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		512(b)(13) rolled
						Yes	No
(1) WELLESLEY COLLEGE ALUMNAE ASSOCIATION 04-2105817							
106 CENTRAL STREET WELLESLEY, MA 02481	ALUMNAE ASSOC	MA	501(C)(3)	11C	N/A		Х
(2) WB DAYCARE, INC. 04-2982305							
106 CENTRAL STREET WELLESLEY, MA 02481	SUPP.DAYCARE	MA	501(C)(3)	5	N/A		Х
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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

	noie related orga		s licaleu as a pa		ar year.)	1						
(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 part	j) eral or aging tner?	(k) Percentage ownership
		, , , , , , , , , , , , , , , , , , , ,		,			Yes	No		Yes	No	
(1)												
_(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	512(cont	(i) ction (b)(13) trolled <u>tity?</u>
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2012

JSA

04-2103637

Schedule R (Form 990) 2012

Part	t V Transactions With Related Organizations (Complete if the organization answered	"Yes" to Form 990, Pa	rt IV, line 34, 35b, or 36.)			
Note.	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	i No
1 D	During the tax year, did the organization engage in any of the following transactions with one or mo					
a F	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1	a	X
b	Gift, grant, or capital contribution to related organization(s)			1	b	Х
c (Gift, grant, or capital contribution from related organization(s)			1	c	X
d L	Loans or loan guarantees to or for related organization(s)			1	_	X
e L	Loans or loan guarantees by related organization(s)			1	e	X
f	Dividends from related organization(s)			1	f	
g S	Sale of assets to related organization(s)			1	g	X
h F	Purchase of assets from related organization(s)			1	h	X
i E	Exchange of assets with related organization(s)			1	i	X
j L	Lease of facilities, equipment, or other assets to related organization(s)			1	j	X
k L	Lease of facilities, equipment, or other assets from related organization(s)			1	k	X
I F	Performance of services or membership or fundraising solicitations for related organization(s)			1	I	X
m F	Performance of services or membership or fundraising solicitations by related organization(s)			11		Х
n S	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	_	
o S	Sharing of paid employees with related organization(s)			1	0	X
p F	Reimbursement paid to related organization(s) for expenses			1		X
q F	Reimbursement paid by related organization(s) for expenses			1	q	X
						X
r	Other transfer of cash or property to related organization(s)			<u>1</u> 1	_	X
	Other transfer of cash or property from related organization(s)				-	
<u> </u>	(a)			(d		
	Name of other organization	Transaction type (a-s)	Amount involved	Method of d amount i	etermin	0
<u>(1)</u>	WELLESLEY COLLEGE ALUMNAE ASSOCIATION	N	69,456.	FMV		
(2)	WB DAYCARE INC.	N	211,696.	FMV		
(3)						
<u>(3)</u>						
(4)						
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
<u>_(7)</u>													
<u>_(8)</u>													
<u>(9)</u>													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII Suppleme

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	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).