# Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15 C Name of organization D Employer identification number B Check if applicable WELLESLEY COLLEGE Address Doing Business As 04-2103637 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number 106 CENTRAL STREET (781) 283-1000 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return X WELLESLEY, MA 02481-8203 G Gross receipts \$ 883,784,483. Application pending F Name and address of principal officer: H. KIM BOTTOMLY H(a) Is this a group return for Yes X No 106 CENTRAL STREET WELLESLEY, MA 02481-8203 X No H(b) Are all subordinates included? Tax-exempt status: X | 501(c)(3) (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or 527 Website: ▶ WWW.WELLESLEY.EDU H(c) Group exemption number Form of organization: X Corporation Other > L Year of formation: 1870 M State of legal domicile: MA Summary Briefly describe the organization's mission or most significant activities: WELLESLEY IS THE PREEMINENT COLLEGE FOR GIFTED YOUNG WOMEN THAT PROVIDES A SUPERIOR 4-YEAR LIBERAL ARTS Activities & Governance EDUCATION, PREPARING THEM FOR LEADERSHIP IN A DIVERSE&CHANGING WORLD. if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 31. Number of independent voting members of the governing body (Part VI, line 1b) 31. 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 3,208. 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 1,171,733. **b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . . . . -456,033.**Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 83,866,213. 76,103,854. COPY FOR 9 131,765,982. Program service revenue (Part VIII, line 2g). . 134,673,835. **PUBLIC INSPECTION** Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 10 295,313,568. 183,249,182. 11 9,918,785. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,958,198. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . 520,864,548. 404,985,069. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 51,933,166. 51,304,301. Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . . . 15 129,752,035. 132,245,498. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . . 80,784,679. 78,599,892. 262,469,880. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 262,149,691. Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . . 258, 394, 668. 142,835,378. or es Beginning of Current Year End of Year 20 2,397,864,730. 2,484,115,499. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . . . . 358,079,857. 362,006,831. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,039,784,873. 2,122,108,668. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Paid CHRISTOPHER B ANDERSON 8/8/16 self-employed P00226559 Preparer ► MALONEY + NOVOTNY LLC 34-0677006 Firm's name Firm's EIN ▶ Use Only Firm's address > 1111 SUPERIOR AVENUE, SUITE 700 CLEVELAND, OH 44114 216-363-0100 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

X Yes

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
Ŭ	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$164,973,764. including grants of \$0 ) (Revenue \$131,338,270)
	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.
<u></u>	(Code: ) (Expenses \$ 55,482,963, including grants of \$ 51,304,301, ) (Revenue \$ 0 )
40	(Code:) (Expenses \$55,482,963. including grants of \$51,304,301. ) (Revenue \$) WELLESLEY COLLEGE HAS A LONG TRADITION OF NEED-BLIND ADMISSION FOR
	U.S. CITIZENS AND PERMANENT RESIDENTS, MAKING ADMISSION DECISIONS
	WITHOUT REGARD TO A FAMILY'S FINANCIAL SITUATION. THROUGH ITS
	FINANCIAL AID PROGRAM, THE COLLEGE MEETS 100 PERCENT OF A
	STUDENT'S DEMONSTRATED FINANCIAL NEED. RESOURCES DEDICATED TO THE
	FINANCIAL AID PROGRAM ENSURE THAT WELLESLEY IS SUCCESSFUL IN
	RECRUITING AND ENROLLING A STRONG AND DIVERSE STUDENT BODY WITH
	CONTINUED ATTENTION TO ISSUES OF FINANCING AND AFFORDABILITY.
	(Code) \(\sum_{\text{Compared}}\) \(\sum_{
4C	(Code:) (Expenses \$12,222,051. including grants of \$0 ) (Revenue \$12,222,051. )
	SPONSORED RESEARCH: WELLESLEY PRIDES ITSELF ON ITS COMMITMENT TO
	SUPPORTING THE TEACHER-SCHOLAR IDEAL, ENABLING OUR GIFTED FACULTY
	MEMBERS TO INTEGRATE THEIR LOVE OF TEACHING AND WORKING CLOSELY
	WITH STUDENTS WITH THEIR PURSUIT OF THE ADVANCEMENT OF KNOWLEDGE
	THROUGH THEIR WORLD-CLASS RESEARCH.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 232,678,778.

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Part IV Checklist of Required Schedules

-art	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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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		

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Part I	V Checklist of Required Schedules (continued)			
,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a	Х	
	through 24d and complete Schedule K. If "No," go to line 25a	24b	21	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		Х
-1	to defease any tax-exempt bonds?	24c 24d		<u>X</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	256		Х
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26	Х	
27	disqualified persons? If "Yes," complete Schedule L, Part II	20	Λ	
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	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A current of former officer, director, trustee, or key employee? If "Yes," complete Scriedule L, Part V	20a		
b	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)	205		
C	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	· ·		
<b>52</b>	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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,			
٠.	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			· ·
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	
			~~~	<del></del>

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WELLESLEY COLLEGE

Form 990 (2014) Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 659 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable \_\_\_\_\_\_\_\_1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X Χ **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 X **b** If "Yes," enter the name of the foreign country: ▶ <u>ATTACHMENT 1</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ organization solicit any contributions that were not tax deductible as charitable contributions? 6a 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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Χ

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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Part VI Governance, Management, and Disclosure For each "Yes" response

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 3	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	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 Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cast	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_MA,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(d	c)(3)s	only)
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls:▶		
	BEN HAMMOND 106 CENTRAL STREET WELLESLEY, MA 02481-8203 781-283-1000	-		

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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 or note to any line in this Part VII.........

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than of is both tor/trust employee	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)LAURA DAIGNAULT GATES	12.00									
CHAIR		Х							0	0
(2)STEPHEN W. KIDDER	10.00									
VICE CHAIR	0	Х						C	0	0
(3)KENNETH G. BARTELS	3.00									
TRUSTEE	0	Х						C	0	0
(4)M. AMY BATCHELOR	2.00									
TRUSTEE	0	Х						C	0	0
_(5)JUDYANN ROLLINS BIGBY	2.00									
TRUSTEE	0	Х						С	0	0
_(6)BRIAN C. BRODERICK	2.00									
TRUSTEE	0	X						(	0	0
_(7)ALISON_LI_CHUNG	2.00									0
TRUSTEE	3.00	X						C	0	
		X							0	0
(9)OPHELIA DAHL	2.00	Λ							0	
TRUSTEE		Х							0	0
(10)DEBORAH DE HOYOS	3.00	21							0	
TRUSTEE		Х							0	0
(11)KRISTINE HOLLAND DE JUNIAC	2.00									
TRUSTEE		Х							0	0
(12)THOMAS E. FAUST, JR.	3.00									
TRUSTEE	0	Х						(	0	0
(13)SANDRA POLK GUTHMAN TRUSTEE	2.00	Х						(	0	0
(14)JUDITH B. HALE TRUSTEE	2.00	X								0
TYOSIEE	1 0	Λ						1	<u>l</u>	

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Part VII Section A. Officers, Directors, Tr	, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both tor/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated nount of other pensation	•
	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)	org an	om the anization d related anization	t
15) MARYAM HOMAYOUN-EISLER	2.00											
TRUSTEE	0	X						C	0			0
16) DOROTHY CHAO JENKINS	3.00											
TRUSTEE	0	Х						C	0			0
17) LYNN DIXON JOHNSTON	2.00											
TRUSTEE	0	X						С	0			0
18) WILLIAM S. KAISER	2.00											
TRUSTEE	0	X						С	0			0
19) JAMES T. KLOPPENBERG	2.00	,										0
TRUSTEE	2.00	X						C	0			0
20) SUSAN KOENIGSBERG LUCAS	+											0
TRUSTEE 21) ELLEN GOLDBERG LUGER	3.00	X							0			0
TRUSTEE	0	X										0
22) LAURA RUSSELL MALKIN	3.00	Λ										
TRUSTEE	10	X										0
23) ELLEN R. MARRAM	3.00											
TRUSTEE	0	Х							0			0
24) LAWRY JONES MEISTER	2.00											
TRUSTEE	0	Х						C	0			0
25) PAMELA A. MELROY	2.00											
TRUSTEE	0	Х						C	0			0
1b Sub-total	•						<b></b>	C	0			0
c Total from continuation sheets to Part VII, S	ection A	 					<b>&gt;</b>	5,998,616.	0	8	41,5	65.
d Total (add lines 1b and 1c)							<b>&gt;</b>	5,998,616.	0	8	41,5	65.
2 Total number of individuals (including but not	limited to t						re	ceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	224	1									
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes	3,"	complete Schedu	le J for such	4	Х	
individual										4	Λ	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		Х
Section B. Independent Contractors	os, comple	10 001	iout	1100	, 101	SUUII	μ <del>σ</del> ι	30 <i>11</i>				
Complete this table for your five highest com	nensated i	ndene	ende	ent :	COn	tracto	rs t	hat received more	than \$100 000 o	of .		
. Complete the table for your five highest con	.porioaiou i	Cpc		J116		1.4010			:			

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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 17

WELLESLEY COLLEGE 04-2103637

Part VII Section A. Officers, Directors, Tru (A)	(B)		-р	()			··· <u>·</u>	(D)	ed Employees (c		(F)
Name and title	Average hours per week (list any hours for related organizations	box,	unles er and	Pos heck ss pe	ition more rson lirect	e than or is both a or/truste	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo or comp froi	mated bunt of ther ensation the hization
	below dotted line)	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		and	related izations
6) PRIYA PAUL TRUSTEE	2.00	Х						0	0		
7) DIAMOND SHARP TRUSTEE	2.00	X						0	0		
8) SUSAN L. WAGNER TRUSTEE	3.00	Х						0	0		
O) MARY H. WHITE	3.00	Х						0	0		
)) BUNNY WINTER TRUSTEE	3.00	Х						0	0		
) KAREN E. WILLIAMSON EX OFFICIO TRUSTEE(PRES.WCAA)	2.00	X						0	0		
2) H. KIM BOTTOMLY PRESIDENT	70.00			Х				518,946.	0	1(	)5,88
B) BENJAMIN HAMMOND  VP FOR FIN.&ADMIN.&TREAS.	60.00			X				280,974.	0		51,98
DEBORAH F. KUENSTNER  CHIEF INVESTMENT OFFICER	60.00			X				1,182,502.	0		34,15
5) CAMERAN M. MASON VP-RESOURCES&PUB.AFF.	60.00			X					0		
6) ANDREW SHENNAN PROVOST&DEAN OF COLLEGE	60.00			X				298,412. 302,504.	0		51,97 72,27
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	ection A					e) who	► ► re			,	
reportable compensation from the organization  3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler in the complete Scheduler in th	er, directo		tru							3	Yes N
For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	lf	"Yes,	," (	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	uni	related organization	on or individual	5	

year.

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

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

(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	Posi heck ss per	ition more rson irect	e than o is both or/truste	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) KATHLEEN R. BROWNE	60.00									=1 00
DIRECTOR-INVESTMENTS	0				X			689,700.	0	51,22
8) DEBRA S. DEMEIS	60.00	-			3,7			201 020		00 22
DEAN OF STUDENTS  9) JENNIFER C. DESJARLAIS	60.00	_			X			201,039.	0	80,32
DEAN-ADMISS.&STU.FIN.SVCS.		-			Х			205,767.	0	32,54
0) RICHARD G. FRENCH	60.00	_						203,707.	0	32,34
DEAN OF ACADEMIC AFF.		-			X			262,131.	0	49,29
1) KATHRYN LYNCH	60.00	_						202/131.		15,25
DEAN OF FACULTY	0				X			224,687.	0	45,80
2) RAY OQUENDO	60.00							,		
DIR-INVEST.OPERATIONS	0				Х			524,794.	0	52,09
3) GANESAN RAVISHANKER	60.00									
CHIEF INFO.OFF.&ASSOC.DEAN	0					x		253,256.	0	31,88
4) VANESSA BRITTO	60.00									
CLINICAL DIR-HEALTH SVCS.	0					Х		216,069.	0	26,93
5) FRANK BIDART	60.00									
PROFESSOR OF ENGLISH	0					Х		214,095.	0	25,19
6) ROSEANN C. CARPENTER	60.00									
INVESTMENT OFFICER	0					Х		386,759.	0	48,65
7) PHILLIP B. LEVINE PROFESSOR OF ECONOMICS	60.00					Х		236,981.	0	81,33
1b Sub-total	•						<b></b>			
c Total from continuation sheets to Part VII, \$	Section A						<b>&gt;</b>			
d Total (add lines 1b and 1c)							$\blacktriangleright$			
2 Total number of individuals (including but not	limited to t	hose	liste				re	ceived more than	\$100,000 of	
reportable compensation from the organization	on ▶	224	ł							1 1-
B Did the organization list any former offi										Yes
employee on line 1a? If "Yes," complete Scheo	dule J for su	ch ind	lividu	ual .						3
For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	0,0	00?	lf	"Yes	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or										-

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	<b>(C)</b> Compensation

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

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## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıt s	1a	Federated campaigns 1a					
3rar our	b	Membership dues					
S, C	С	Fundraising events 1c					
ia i	d	Related organizations 1d					
ns, Sim	е	Government grants (contributions) 1e	3,862,886.				
e ii	f	All other contributions, gifts, grants,					
g t		and similar amounts not included above . 1f	72,240,968.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	12,189,330.				
	h	Total. Add lines 1a-1f	▶	76,103,854.			
ž			Business Code				
eve	2a	STUDENT TUITION AND FEES	900099	104,426,549.	104,426,549.		
ë	b	STUDENT ROOM AND BOARD	900099	30,247,286.	30,247,286.		
Ž	С						
J Se	d	-					
Program Service Revenue	е						
õ	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		134,673,835.			
	3	Investment income (including dividen		13,751,596.		-899,979.	14,651,575.
	4	and other similar amounts)		13,731,390.		-033,313.	14,031,373.
	5	Royalties		0			
		(i) Real	(ii) Personal	, and the second			
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 610,818,000.	37,479,000.				
	b	Less: cost or other basis					
		and sales expenses 477,563,638.	1,235,776.				
	С	Gain or (loss)	36,243,224.				
	d	Net gain or (loss)	▶	169,497,586.			169,497,586.
ne	8a	Gross income from fundraising					
en		events (not including \$					
Š		of contributions reported on line 1c).					
ř		See Part IV, line 18 a					
Other Revenue	b	Less: direct expenses b					
0	C	Net income or (loss) from fundraising events.  Gross income from gaming activities.		0			
	9a	See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory	<del>. ▶</del>	0			
		Miscellaneous Revenue	Business Code				
	11a	WELLESLEY COLLEGE CLUB	722320	1,540,673.	402,474.	1,138,199.	
	b	AUXILIARY ENTERPRISES	900099	8,302,634.	8,284,564.	18,070.	
	С	NEHOIDEN GOLF CLUB	713990	1,114,891.	199,448.	915,443.	
	d	All other revenue					
	е	Total. Add lines 11a-11d		10,958,198.			
	12	Total revenue. See instructions		404,985,069.	143,560,321.	1,171,733.	184,149,161.

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# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	47,225,205.	47,225,205.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 000 006	4 050 006		
	individuals. See Part IV, lines 15 and 16	4,079,096.	4,079,096.		
	Benefits paid to or for members	U			
5	Compensation of current officers, directors, trustees, and key employees	4,040,675.	3,492,644.	324,154.	223,877.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	96,329,259.	02 ((5 152	7 464 700	F 100 200
	Other salaries and wages	90,329,259.	83,665,152.	7,464,708.	5,199,399.
8	Pension plan accruals and contributions (include	10,992,116.	9,501,270.	881,817.	609,029.
_	section 401(k) and 403(b) employer contributions)	14,120,011.	10,300,089.	2,031,228.	1,788,694.
	Other employee benefits	6,763,437.	5,846,121.	542,581.	374,735.
10	Payroll taxes	0,703,137.	3701071211	3127301.	37177331
	Management	6,543,574.	5,708,352.	62,622.	772,600.
	Legal	799,990.		799,990.	·
	Accounting	323,563.		323,563.	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
1	Investment management fees	542,537.		542,537.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	4,840,858.	2,910,802.	33,355.	1,896,701.
12	Advertising and promotion	0	6 774 000	050.000	150 425
13	Office expenses	7,186,357.	6,774,032.	259,888.	152,437.
14	Information technology	494,960.	462,197.	20,844.	11,919.
15	Royalties	8,165,063.	7,516,564.	361,808.	286,691.
16 17	Occupancy	3,362,339.	2,900,845.	166,072.	295,422.
18	Payments of travel or entertainment expenses	3,332,3331	2770070101	20070721	270 / 1221
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,004,593.	779,323.	135,342.	89,928.
20	Interest	8,689,217.	8,689,217.		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,578,766.	14,031,439.	2,112,632.	434,695.
23	Insurance	1,552,746.	1,549,946.		2,800.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
		4 460 092	3,893,686.	518,851.	47,546.
•	EQUIPMENT RENTAL	4,460,083.	4,178,662.	310,031.	47,546.
	STUDY AWAY EXPENSES PRINTING & PUBLICATIONS	1,320,195.	1,020,192.	27,952.	272,051.
	MUSEUM_COSTS	595,357.	595,357.	2,,,,,,,,,	2,2,001.
	All other expenses	7,961,032.	7,558,587.	146,963.	255,482.
	Total functional expenses. Add lines 1 through 24e	262,149,691.	232,678,778.	16,756,907.	12,714,006.
_	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 SOP 98-2 (ASC 958-720)	0			
JSA		Ų			Form <b>990</b> (2014)

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#### Part X **Balance Sheet**

	Check if Schedule O contains a response or note to any line in this Part X							
		·		•	(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			34,307,055.	1	74,922,624.	
	2	Savings and temporary cash investments			55,001,426.	2	18,231,871.	
	3	Pledges and grants receivable, net			45,967,448.	3	63,920,195.	
	4	Accounts receivable, net			1,561,361.	4	3,007,725.	
	5	Loans and other receivables from current and t	forme	r officers, directors,				
		trustees, key employees, and highest co						
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			422,241.	5	398,573.	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B).						
		and sponsoring organizations of section 501(c)(9) volu						
Ŋ		organizations (see instructions). Complete Part II of Sche			0	_	0	
Assets	7	Notes and loans receivable, net			8,198,094.	7	8,245,357.	
As	8	Inventories for sale or use			755,991.	8	820,908.	
	9	Prepaid expenses and deferred charges			4,992,393.	9	6,513,066.	
	10 a	Land, buildings, and equipment: cost or		FF2 720 006				
			10a		296,081,789.	40-	212 270 064	
		Less: accumulated depreciation			810,562,000.			
	11	Investments - publicly traded securities					1,178,747,216.	
	12 13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11	1,139,731,932.	13	1,170,747,210.			
	14				0	14	0	
	15	Intangible assets Other assets. See Part IV, line 11	263,000.	15	0			
	16	Total assets. Add lines 1 through 15 (must equal			2,397,864,730.	16	2,484,115,499.	
_	17	Accounts payable and accrued expenses			76,539,526.	17	84,762,222.	
	18	Grants payable	6,054,801.	18	5,944,777.			
	19	Deferred revenue	2,129,247.	19	1,189,945.			
	20	Tax-exempt bond liabilities			139,708,915.	20	138,652,771.	
es	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0	21	0	
Liabilities	22	Loans and other payables to current and for	ormer	officers, directors,				
iabi		trustees, key employees, highest compen-						
		disqualified persons. Complete Part II of Schedule				22	0	
	23	Secured mortgages and notes payable to unrelate			97,695,000.	23	95,900,000.	
	24	Unsecured notes and loans payable to unrelated			0	24	0	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines			25 052 260	٥.	35,557,116.	
	26	of Schedule D	• • •		35,952,368. 358,079,857.	25 26	362,006,831.	
_	20	Organizations that follow SFAS 117 (ASC 958),			330,073,037.	20	302,000,031.	
es		complete lines 27 through 29, and lines 33 and	34.	There P and				
Š	27	Unrestricted net assets			630,158,219.	27	653,494,132.	
3ala	28	Temporarily restricted net assets			900,646,969.	28	933,578,403.	
Þ	29	Permanently restricted net assets			508,979,685.	29	535,036,133.	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and				
ts (	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		
Ă	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32		
Se	33	Total net assets or fund balances			2,039,784,873.	33	2,122,108,668.	
_	34	Total liabilities and net assets/fund balances			2,397,864,730.	34	2,484,115,499.	

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	04,9	85,0	069.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	62,1	49,6	91.
3						378.
4						
5	Net unrealized gains (losses) on investments	5	_	60,5	11,5	83.
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					
	33, column (B))	10	2,1	22,1	08,6	68.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ı 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee that assumes responsibilities are committee that assumes responsibilities are committee that as the committee that are committee that are committee that are committee to the committee that are committeed to the committee that are committee that	versi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_	the		\ <sub>V</sub>	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	dits.		3b	Χ	

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

WEL	LES	SLEY COLLEGE					04	-2103637
Pai	tΙ	Reason for Public Cha	rity Status (All o	rganizations must c	omplete	e this pa	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1	Ĭ	A church, convention of chu						
2	Х	A school described in secti						
3		A hospital or a cooperative		· ·	n sectio	n 170(b)	)(1)(A)(iii).	
4		A medical research organiz	•	•				(iii). Enter the
		hospital's name, city, and st			, p. 1. a. a. a. a.			,(,. <u>_</u>
5		An organization operated to		a college or universit	v owner	d or one	rated by a governme	ental unit described in
Ū		section 170(b)(1)(A)(iv). (C		a conege of aniversit	y Owner	а от орс	rated by a governme	ontal anti-accombca ii
6		A federal, state, or local go		rnmantal unit describe	d in sact	ion 170/	'b\(1\(\A\(\v)\	
7	X	An organization that norma						om the general public
′	Λ	_	-	•	рроп по	oni a yo	verninental unit of it	oni the general public
		described in section 170(b)		•	Dort II \			
8		A community trust describe	-		-			
9		An organization that norma						
		receipts from activities rela				-		
		support from gross investi					·	tax) from businesses
		acquired by the organizatio				-	•	
10		An organization organized	-		-			1
11		An organization organized	•	•				• • •
		one or more publicly suppo	•			-		, ,, ,
	_	the box in lines 11a through		**			·	· · ·
а	L		•		-			
		the supported organization		• • • • • • • • • • • • • • • • • • • •	elect a m	ajority o	of the directors or trus	stees of the supporting
	_	_ organization. <b>You must c</b> e	-					
b	L	$oxedsymbol{oxed}$ Type II. A supporting org	•				• • •	
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or mar	nage the supported
	_	_ organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functiona	lly integrated with,
	_	$\_$ its supported organization	n(s) (see instruction	s). You must comple	te Part l'	V, Secti	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	oution requirement an	d an attentiveness
	_	_ requirement (see instruct	ions). <b>You must co</b>	omplete Part IV, Secti	ions A a	nd D, an	d Part V.	
е		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}} $	anization received	a written determinatio	n from tl	he IRS t	hat it is a Type I, Type	II, Type III
		functionally integrated, or	Type III non-funct	ionally integrated supp	porting c	organiza	tion.	
f	En	ter the number of supported	l organizations					
g		ovide the following information						
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above or IRC section	,	ur governing ment?	support (see instructions)	other support (see instructions)
				(see instructions))			,	,
					Yes	No		
(A)								
(^)								
(B)								
(C)								
(D)								
(E)								
<i>-,</i>								
Ta4-								
Tota	1							

Schedule A (Form 990 or 990-EZ) 2014 Page **2** 

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	44,556,094.	45,172,179.	52,588,567.	83,866,213.	76,103,854.	302,286,907.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0	
4	Total. Add lines 1 through 3	44,556,094.	45,172,179.	52,588,567.	83,866,213.	76,103,854.	302,286,907.	
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).						0	
6	Public support. Subtract line 5 from line 4.						302,286,907.	
Sec	tion B. Total Support						302/200/307.	
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total	
7	Amounts from line 4	44,556,094.	45,172,179.	52,588,567.	83,866,213.	76,103,854.	302,286,907.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,426,181.	9,889,416.	17,572,643.	19,244,418.	13,751,596.	67,884,254.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	11,562,053.	10,774,869.	8,941,912.	9,918,785.	10,958,198.	52,155,817.	
11	Total support. Add lines 7 through 10					40	422,326,978.	
12	Gross receipts from related activities, etc. (s	,				12	642,285,098.	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b> tion C. Computation of Public Sup							
			•	11 column (f))		14	71.58%	
14	Public support percentage for 2014 (li Public support percentage from 2013		•			15	70.05%	
15	331/3% support test - 2014. If the o							
Iva	this box and <b>stop here.</b> The organization	<del>-</del>					.	
h	331/3% support test - 2013. If the o						• • •	
-	check this box and <b>stop here.</b> The orga							
17a	10%-facts-and-circumstances test - 2	•						
	10% or more, and if the organization	_						
	Part VI how the organization meets t					-	•	
	organization			•	•	•	·· <b>•</b> □	
b	10%-facts-and-circumstances test - 2						and line	
	15 is 10% or more, and if the orga	•						
	Explain in Part VI how the organizati						-	
	supported organization				-	-	▶ □	
18	Private foundation. If the organization							
	instructions						▶ □	

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

(Complete only if you checked the box on line 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.)

				, ,	•	,	
	tion A. Public Support	(=) 2040	(h) 2011	(-) 2012	(4) 2042	(5) 204.4	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5						
<i>r</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons   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						
	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	(4) 20 . 0	(3) 20 1 1	(0) = 0 : =	(4) 20 . 0	(0) = 0	(1) 1 0101
	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						
10	Carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here						`.` <b>▶</b> □
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8,			nn (f))		15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (lin			3, column (f))		17	%
18	Investment income percentage from 2013					18	%
	331/3% support tests - 2014. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2013. If the orga	· ·		•			· <del></del>
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•				

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## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g <i>y</i>			
s d	1		
	2		
er	3a		
d e	24		
)	3b		
lf	3c		
n	4a		
n	4b		
n d 3)			
	4c		
" V 1,			
n	5a		
У	5b		
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al	6		
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?	8		
e d	0-		
า	9a 9b		
it	9c		
) g			
0	10a		
	10b	000 E3	7) 2014

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	, 0 0 , 11 0	11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	11c		
Secil	on B. Type 1 Supporting Organizations		Yes	No
			169	INU
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the consciption was ide to each of its assessed consciptions, but the last day of the 6th weath of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior			
	tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Soction	on E. Type III Functionally-Integrated Supporting Organizations	3		
	7. 7 7 1. 2 2			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst  The organization satisfied the Activities Test. Complete line 2 below.	rucuc	)IIS).	
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct.	ions)		
·	The organization supported a governmental oritity. Describe in a direction you supported a government entity (see manual		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h				
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations	5	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. See ir	structions. All
other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Drior Voor	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ted Type III supporting	g organization (see
instructions).	-		

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)					
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2014 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1	Distributable amount for 2014 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2014							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2014:							
а								
b								
С								
d								
е	From 2013							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2014 distributable amount							
i	Carryover from 2009 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2014 from Section							
	D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2014 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2014, if							
	any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2014. Subtract lines 3h							
	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2015. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a								
b								
C	5 ( 0010							
d	Excess from 2013							
е	Excess from 2014							

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Page **8** 

**Supplemental Information.** 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, PART II -	OTHER INCOM	E			ATTACHMENT 1	
DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
WELLESLEY COLLEGE CLUB	3,234,434.	3,540,376.	1,580,499.	1,597,911.	1,540,673.	11,493,893.
AUX. ENTERPRISES	7,400,817.	8,647,579.	6,292,932.	7,256,504.	8,302,634.	37,900,466.
NEHOIDEN GOLF CLUB	926,802.	1,017,316.	1,068,481.	1,064,370.	1,114,891.	5,191,860.
OTHER		-2,430,402.				-2,430,402.
TOTALS		10,774,869.	8,941,912.	9,918,785.	10,958,198.	52,155,817.

# Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization

WELLESLEY COLLEGE 04-2103637 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year 
▶ \$ \_\_\_\_\_\_ Caution. An organization that 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 its Form 990-PF, Part I, line 2, 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) (2014)

Name of organization WELLESLEY COLLEGE

Employer identification number 04-2103637

Part I	Contributors	(see instructions).	Use duplicate copies of	f Part I if additional sp	pace is needed.
--------	--------------	---------------------	-------------------------	---------------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$5,500,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$ <u>2,022,365.</u>	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$2,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash (Complete Part II for

Name of organization WELLESLEY COLLEGE

Employer identification number

04-2103637

Part II	Noncash Property	(see instructions	) Use dunlicate	conies of Part II if	additional space is needed.
alli	140116a3111110pcity		1. Osc auplicate	copics of fact if if	additional space is neceded.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PUBLICLY TRADED STOCK		
		\$\$.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
		Ψ	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(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

Concadio B (1 01111 330, 330 E2, 01 330 1 1 ) (2014)	i ag
Name of organization WELLESLEY COLLEGE	Employer identification number
	04-2103637

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

f		npleting Part III, enter th ar. (Enter this informatio	tor. Complete columns (a) through (e) and the e total of exclusively religious, charitable, etc., on once. See instructions.) ▶ \$				
a) No. from	·	•					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	l	(e) Transfer of gift					
	Transferee's name, address, and ZIP		Relationship of transferor to transferee				
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
n) No. rom 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	1.4	Polationship of transferor to transferor				
-	Transieree's name, address, and zir		Relationship of transferor to transferee				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	1				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
ļ							

### SCHEDULE D (Form 990)

## 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number WELLESLEY COLLEGE 04-2103637 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included in Form 990, Part VIII, line 1

Schedule D (Form 990) 2014

**\$**\_\_\_\_

▶ \$

WELLESLEY COLLEGE

Schedule D (Form 990) 2014 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Χ Public exhibition Loan or exchange programs а b Χ Scholarly research Other \_\_\_\_ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, Part IV or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1523683354. 1576336888. 1468582412. 1a Beginning of year balance 1834136919. 1330243938. **b** Contributions 28,253,254. 54,231,950. 13,734,567. 16,215,989. 13,374,149. c Net investment earnings, gains, and losses 100,454,799. 285,054,954. 173,944,004. 7,076,035. 259,172,062. d Grants or scholarships 40,502,006. 39,849,148. 39,019,540. 38,315,390. 38,447,645. Other expenditures for facilities and programs 41,312,963. 41,637,725. 40,904,555. 40,077,576. 40,659,150. f Administrative expenses End of year balance 1881030003. 1834136919. 1468582412. 1523683354. 1576336888. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 31.7000 % Permanent endowment ▶ 27.0000 % Temporarily restricted endowment ▶ 41.3000 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) Χ (ii) related organizations 3a(ii) Χ If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) 1a Land 40,436,333. 40,436,333. **b** Buildings 459,640,639. 236,038,079 223,602,560. Leasehold improvements С **d** Equipment 8,234,524. 5,320,163 2,914,361. 45,426,710 45,426,710. 312,379,964. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Page **3** 

Part VII Investments - Other Securities.	\/ o a    to    Form   000	Down IV line 44h Con Form 000	Don't V. Line 40
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) PRIVATE EQUITY	386,791,000.	FMV	
(B) REAL ASSETS	241,569,000.	FMV	
(C) ABSOLUTE RETURN	478,563,000.	FMV	
(D) MISCELLANEOUS OTHER	28,379,216.	FMV	
(E) RESTRICTED CONSTRUCTION FUNDS	43,445,000.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,178,747,216.		
Part VIII Investments - Program Related.	1/1/0//1//210.		
Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	
		Cost or end-of-year mark	et value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" to Form 990.	Part IV. line 11d. See Form 990.	Part X. line 15.
	scription	, ,	(b) Book value
(1)	50		(A) Doon raide
(2)			
(3)			
_ ` /			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)	inn 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	ne 15.)		
Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
line 25.			
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes			
(2) GOVERNMENT LOAN ADVANCES	4,568,9	996.	
(3) ANNUITIES&UNITRUSTS PAYABLE	30,988,3	120.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 35,557,1	116.	

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

WELLESLEY COLLEGE 04-2103637

Schedu	le D (Form 990) 2014		Page <b>4</b>
Part	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	295,103,378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -60,511,583.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 7,967,185.		
е	Add lines 2a through 2d	2e	-52,544,398.
3	Subtract line 2e from line 1	3	347,647,776.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,032,992.		
b	Other (Describe in Part XIII.)  4b 51,304,301.		
C	Add lines 4a and 4b	4c	57,337,293.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	404,985,069.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	212,779,583.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)  2d 7,967,185.		
е	Add lines za through zd	2e	7,967,185.
3	Subtract line 2e from line 1	3	204,812,398.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b  4a 6,032,992.		
b	Other (Describe in Part XIII.)  4b 51,304,301.	_	
c	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	4c	57,337,293.
5 Part		5	262,149,691.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V I	ine 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEF	PAGE 5		

Schedule D (Form 990) 2014 WELLESLEY COLLEGE 04-2103637 Page 5

#### Part XIII Supplemental Information (continued)

FINANCIAL STATEMENT FOOTNOTE REGARDING ART COLLECTION - PART III, LINE 1A:
WELLESLEY COLLEGE DOES NOT REPORT AS REVENUE ANY GIFTS 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.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 WELLESLEY COLLEGE 04-2103637 Page 5

#### Part XIII Supplemental Information (continued)

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: \$5,670,000; NET GAIN ON INTEREST SWAP:

\$2,121,000; GIFTS IN-KIND: \$176,185; TOTAL ADJUSTMENT: \$7,967,185

OTHER CHANGES IN REVENUE - PART XI, LINE 4B:

FINANCIAL AID EXPENSE INCLUDING PELL GRANTS: \$51,304,301

OTHER CHANGES IN EXPENSES - PART XII, LINE 2B:

MINIMUM PENSION LIABILITY: \$5,670,000; NET GAIN ON INTEREST SWAP:

\$2,121,000; GIFTS IN-KIND: \$176,185; TOTAL ADJUSTMENT: \$7,967,185

OTHER CHANGES IN EXPENSES - PART XII, LINE 4B:

FINANCIAL AID EXPENSE INCLUDING PELL GRANTS: \$51,304,301

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

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Name of the organization
WELLESLEY COLLEGE
04-2103637

<ul> <li>Does the organization have a racially nondiscriminatory policy toward students by statement in its obylaws, other governing instrument, or in a resolution of its governing body?</li> <li>Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student adm programs, and scholarships?</li> <li>Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast during the period of solicitation for students, or during the registration period if it has no solicitation prin a way that makes the policy known to all parts of the general community it serves? If "Yes," describe. If "No," please explain. If you need more space, use Part II.</li> <li>SEE SUPPLEMENTAL PAGE</li> <li>B Records indicating the racial composition of the student body, faculty, and administrative staff?</li> <li>B Records documenting that scholarships and other financial assistance are awarded on a nondiscriminatory basis?</li> <li>C Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?</li> <li>C Copies of all material used by the organization or on its behalf to solicit contributions?</li> <li>If you answered "No" to any of the above, please explain. If you need more space, use Part II.</li> <li>Does the organization discriminate by race in any way with respect to:</li> <li>a Students' rights or privileges?</li> <li>b Admissions policies?</li> </ul>	all its issions,	1	YES X	NO
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5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? b Admissions policies?	🚅	4d	Х	
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a Students' rights or privileges?  b Admissions policies?				
<b>b</b> Admissions policies?		5a		Х
	🛂	5b		X
c Employment of faculty or administrative staff?	. <b></b> 📑	5с		X
d Scholarships or other financial assistance?	· · · ·   <del> </del>	5d		X
e Educational policies?		5e		Х
e Educational policies?	· · · · ·   - i	Je		
f Use of facilities?		5f		Х
g Athletic programs?	!	5g		Х
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.				
6a Does the organization receive any financial aid or assistance from a governmental agency?		6a	х	
b Has the organization's right to such aid ever been revoked or suspended?		oa 6b	22	X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.	⊢'	3.5		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 t				
4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	hrough			

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

Schedule E (Form 990 or 990-EZ) (2014)

Schedule E (Form 990 or 990-EZ) (2014)

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

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.

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

## Statement of Activities Outside the United States

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

2014

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b.

Part I

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

04-2103637 WELLESLEY COLLEGE General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	For grantmakers. Does the orga assistance, the grantees' eligibility grants or assistance?				a used to award the	X Yes No		
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activities per Region. (The follow	ring Part I, line	3 table can be	duplicated if additional sp	pace is needed.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region		
(1)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		334,920,920.		
(2)	EAST ASIA AND THE PACIFIC			INVESTMENTS		108,246,685.		
(3)	EUROPE			INVESTMENTS		216,736,886.		
(4)	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		47,011,525.		
(5)	NORTH AMERICA			INVESTMENTS		65,187,985.		
(6)	SOUTH ASIA			INVESTMENTS		4,835,398.		
(7)	EUROPE	1.	6.	PROGRAM SERVICES	ACAD.PROG.FOR STUDENTS	1,358,867.		
(8)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY AWAY TUITION	56,767.		
(9)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY AWAY TUITION	365,531.		
10)	EUROPE			PROGRAM SERVICES	STUDY AWAY TUITION	2,787,812.		
11)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY AWAY TUITION	112,237.		
12)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	STUDY AWAY TUITION	58,103.		
13)	SOUTH AMERICA			PROGRAM SERVICES	STUDY AWAY TUITION	312,469.		
14)	SOUTH ASIA			PROGRAM SERVICES	STUDY AWAY TUITION	124,906.		
15)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	STUDY AWAY TUITION	42,630.		
16)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	STUDY AWAY PROGRAM	75,849.		
	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY AWAY PROGRAM	47,546.		
	Sub-total Continuation	1.	6.			782,282,116.		
_	sheets to Part I  Totals (add lines 3a and 3b)	1.	c			210,660.		
<u> </u>	i utais (auu iiiits sa aliu sb)	1.	6.			782,492,776.		

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

Schedule F (Form 990) 2014

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

## Statement of Activities Outside the United States

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

2014 **Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization **Employer identification number** WELLESLEY COLLEGE 04-2103637 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total offices in the émployees, region (by type) (e.g., a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients independent service(s) in region in region contractors in region located in the region) (1) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES STUDY AWAY PROGRAM 74,041. (2) RUSSIA/INDEPENDENT STATES PROGRAM SERVICES STUDY AWAY PROGRAM 38,983. (3) SUB-SAHARAN AFRICA 97,636. PROGRAM SERVICES STUDY AWAY PROGRAM (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)

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

Total from continuation sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2014

3a

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)									
2 Ent		t organizations listed above antee or counsel has provide	d a section 501(c)(3)	equivalency letter	r		<b>&gt;</b>		

Schedule F (Form 990) 2014

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) FINANCIAL AID	CENT. AMERICA/CARIBBEAN	2.	87,208.				
(2) FINANCIAL AID	EAST ASIA/PACIFIC	20.	677,150.				
(3) FINANCIAL AID	EUROPE/ICELAND/GREENLAND	32.	1,508,179.				
(4) FINANCIAL AID	RUSSIA/NEWLY IND. STATES	1.	56,425.				
(5) FINANCIAL AID	NORTH AMERICA	18.	763,067.				
(6) FINANCIAL AID	SOUTH AMERICA	2.	110,621.				
(7) FINANCIAL AID	SOUTH ASIA	11.	459,732.				
(8) FINANCIAL AID	SUB-SAHARAN AFRICA	8.	416,714.				
_ (9)							
<u>(10)</u>							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

## SCHEDULE I (Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

WELLESLEY COLLEGE						04-2103637	
Part I General Information on Grants a	nd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ints or assistand	e?				Г	X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient	Domestic Or that received	ganizations ar more than \$5	nd Domestic Gov ,000. Part II can I	vernments. Compose duplicated if a	plete if the organizadditional space is	zation answered "Yeneeded."	es" to Form 990,
(a) Name and address of organization or government	<b>(b)</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)							
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>	and governments listed in the li	t organizations ne 1 table	listed in the line 1 t	able	 	<u> </u>	

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

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	1,360.	47,225,205.			
2	1,300.	17,223,203.			
2					
3					
4					
5					
6					
_					

**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.

Schedule F (Form 990) 2014 Page 4

Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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; do not file with Form 990)	X	Yes	☐ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	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; do not file with Form 990)		Yes	X No

Schedule F (Form 990) 2014 Page **5** 

# 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. 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 J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

WELLESLEY COLLEGE

Employer identification number 04-2103637

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	X   Travel for companions     Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Y Personal services (e.g., maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a	X	
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2014

#### 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
H. KIM BOTTOMLY	(i)	453,690.	57,000.	8,256.	32,045.	73,844.	624,835.	0
1 PRESIDENT	(ii)	0	C	0	0	0	0	0
BENJAMIN HAMMOND	(i)	271,579.	9,125.	270.	32,045.	19,941.	332,960.	0
2 VP FOR FIN.&ADMIN.&TREAS.	(ii)	0	C	0	0	0	0	0
DEBORAH F. KUENSTNER	(i)	551,190.	629,076.	2,236.	32,045.	2,112.	1,216,659.	0
3 CHIEF INVESTMENT OFFICER	(ii)	0	C	0	0	0	0	0
CAMERAN M. MASON	(i)	273,665.	24,126.	621.	32,045.	19,933.	350,390.	0
4 VP-RESOURCES&PUB.AFF.	(ii)	0	C	0	0	0	0	0
ANDREW SHENNAN	(i)	267,265.	34,088.	1,151.	32,045.	40,228.	374,777.	0
5 PROVOST&DEAN OF COLLEGE	(ii)	0	C	0	0	0	0	0
KATHLEEN R. BROWNE	(i)	328,265.	360,872.	563.	32,045.	19,178.	740,923.	0
6 DIRECTOR-INVESTMENTS	(ii)	0	C	0	0	0	0	0
DEBRA S. DEMEIS	(i)	196,903.	2,964.	1,172.	24,318.	56,004.	281,361.	0
7 DEAN OF STUDENTS	(ii)	0	C	0	0	0	0	0
JENNIFER C. DESJARLAIS	(i)	197,353.	8,000.	414.	25,285.	7,264.	238,316.	0
8 DEAN-ADMISS.&STU.FIN.SVCS.	(ii)	0	(	0	0	0	0	0
RICHARD G. FRENCH	(i)	259,262.	(	2,869.	32,045.	17,246.	311,422.	0
9 DEAN OF ACADEMIC AFF.	(ii)	0	C	0	0	0	0	0
KATHRYN LYNCH	(i)	223,271.	C	1,416.	28,047.	17,760.	270,494.	0
10DEAN OF FACULTY	(ii)	0	C	0	0	0	0	0
RAY OQUENDO	(i)	302,109.	221,909.	776.	32,045.	20,045.	576,884.	0
11DIR-INVEST.OPERATIONS	(ii)	0	(	0	0	0	0	0
GANESAN RAVISHANKER	(i)	247,260.	5,036.	960.	30,954.	930.	285,140.	0
12 <sup>CHIEF</sup> INFO.OFF.&ASSOC.DEAN	(ii)	0	(	0	0	0	0	0
VANESSA BRITTO	(i)	213,719.	1,500.	850.	26,145.	794.	243,008.	0
13 <sup>CLINICAL DIR-HEALTH SVCS.</sup>	(ii)	0	(	0	0	0	0	0
FRANK BIDART	(i)	209,979.	(	4,116.	24,229.	968.	239,292.	0
14PROFESSOR OF ENGLISH	(ii)	0	(	0	0	0	0	0
ROSEANN C. CARPENTER	(i)	226,495.	160,077.	187.	32,045.	16,605.	435,409.	0
15 INVESTMENT OFFICER	(ii)	0	0	0	0	0	0	0
PHILLIP B. LEVINE	(i)	236,581.	0	400.	29,771.	51,559.	318,311.	0
16 <sup>PROFESSOR</sup> OF ECONOMICS	(ii)	0	(	0	q	0	0	0

Schedule J (Form 990) 2014 Page 3

#### Part | 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.

Schedule J (Form 990) 2014

#### Part | 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.

#### SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

WELLESLEY COLLEGE									0	4-21	.036	37		
Part I Bond Issues						ı								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	red (e) I	ssue price	(f) De	escription of pu	rpose	(g) De	feased	eased (h) On behalf of issuer		(i) Pooled financing	
									Yes	No	Yes	No	Yes I	
A WELLESLEY COLLEGE SERIES I	04-2103637	57586CP25	01/28/20	008 5	7,385,000.	CONSTRUCTION	N - REFINANO	CING		Х		Х		
B wellesley college series j	04-2103637	57583UNP9	04/01/20	112	9 900 000	CONSTRUCTION	N - PEETNANG	TING		х		х		
- WEDDESDET CODDEGE SERIES 0	04-2103037	373630NP9	04/01/20	712 4	9,800,000.	CONSTRUCTION	N - KELINAN	ZING		Δ				
С														
D														
Part II Proceeds														
					Α		В	С				D		
1 Amount of bonds retired														
2 Amount of bonds legally defeased														
3 Total proceeds of issue				59,	100,349	. 55,4	97,618.							
4 Gross proceeds in reserve funds														
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows					473,135		83,508.							
7 Issuance costs from proceeds					530,057	. 4	97,618.							
8 Credit enhancement from proceeds														
9 Working capital expenditures from proceeds														
10 Capital expenditures from proceeds				22,	004,607	. 55,0	01,323.							
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion				20		201								
AA Mary the heads because a sector of a superior of a literature of the literature o	: 0			Yes	No	Yes	No	Yes	No		Yes	3	No	
14 Were the bonds issued as part of a current refundir				X		X								
15 Were the bonds issued as part of an advance refun	aing issue?			X		X								
16 Has the final allocation of proceeds been made?				X		X						-		
	7 Does the organization maintain adequate books and records to support the					X								
final allocation of proceeds?				Х		A								
Private Business Use					Α		В	С				D		
1 Was the argenization a next as in a next as his	or a manufact	r of on II o	,	Yes	No	Yes	No	Yes	No		Yes	<del>-</del>	No	
which owned property financed by tay-exempt bory	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					1 62	X	162	INO		res	$\overline{}$	INO	
2 Are there any lease arrangements that may be	Are there any lease arrangements that may result in private business use						Λ					+		
bond-financed property?					X		X							
					Λ		Λ							

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Schedule K (Form 990) 2014

Pai	Trivate Business Use (Continued)								
			Α		В	(	С	I	<u> </u>
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?	X			X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government ▶		9	, D	%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		.6100 %	, D	%		%		%
6	Total of lines 4 and 5	2	.6100 %	, D	%		%		%
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued? $\cdot$		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		9	, D	%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				
Pai	t IV Arbitrage								
			A		В	(	C		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X				
	If "No" to line 1, did the following apply?		T						
	Rebate not due yet?		X	X					
	Exception to rebate?		X		X				
C	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	X			X				
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?	Х			X				
	Name of provider	JP MORGAN							
	Term of hedge		31.440						
	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

JSA

Part IV Arbitrage (Continued)								
	ı	A	1	В		С	[	כ
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider						•		
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	Х			Х				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X					
Part V Procedures To Undertake Corrective Action								
		Α		 B				)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?					1.00			
voluntary closing agreement program if self-remediation is not available under applicable regulations?		x		X				
Part VI Supplemental Information. Provide additional information for responses to	n augstion		dula K (se		ions)			
Part VI Capplemental information. I Toward additional information for responses to	o question	13 011 00110	date it (st	20 111301 000	10110).			

Schedule K (Form 990) 2014 Page 4

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

JSA 4E1511 1.000 PAGE 50 4124DI A23R 8/8/2016 12:50:51 PM

#### **SCHEDULE L**

#### **Transactions With Interested Persons**

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

►Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization

WELLESLEY COLLEGE

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

	Complete if the organization and	swered res on Form 990, Part IV, line 258	a or 25b, or Form 990-EZ, Part V, line 40b.		
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Co	rrected?
	(a) Hame of allequations person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified p	ersons during the year		
	under section 4958		<b>&gt;</b> \$		
3	Enter the amount of tax if any on liv	as 2 above reimbursed by the organization	<b>▶</b> ¢		

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	<b>(e)</b> Original principal amount	(f) Balance due	<b>(g)</b> In a	lefault?	(h) Approved by board or committee?		(i) W agree	
			То	From			Yes	No	Yes	No	Yes	No
(1) ANDREW SHENNAN	OFFICER	MORTGAGE		X	598,350.	398,573.		Х	X		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 398,573.						

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014 Page **2** 

## Part IV Business Transactions Involving Interested Persons.

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

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

### Part V Supplemental Information

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

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

# **Noncash Contributions**

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number

Name of the organization Employer identification numb							numbe	r	
WEL	LESLEY COLLEGE				(	04-2103637	7		
Par	Types of Property			<u> </u>					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	Method of noncash cont			
1	Art - Works of art	X	36.		0	N/A			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х			1.	\$1 FOR TR	RACKI	ING	
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	292.	12,111,1	.79.	SELLING F	PRICE	C/FM	V
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\triangleright$ ( ATCH 1 )		2.	78,1	50				
26	Other ►()		2:	7072					
-									
27 28	Other ►()								
	Other ►()  Number of Forms 8283 received	h., the era		aar far aantributions					
29						29			
	which the organization completed I	-01111 8283,	Part IV, Donee Acknowledg	jement		23		Yes	No
20-	During the year did the argenizat		by contribution only propo	whice managed and Doub	l lina	a 1 through		163	NO
30a	During the year, did the organizat					_			
	28, that it must hold for at least th	-					20-		v
	to be used for exempt purposes for		olding period?				30a		X
	If "Yes," describe the arrangement in								
31	Does the organization have a				-				
	contributions?						31	X	<u> </u>
32a	Does the organization hire or use	•	_	• •					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	perty for which colu	mn (a	) is checked,			

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) Page **2** 

Part II Supplem

**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) (2014)

Schedule M (Form 990) (2014) Page **2** 

**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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
OTHER PERSONAL PROPERTY	X	2.	78,150.	APPRAISAL
TOTALS	-	2.	78,150.	

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization
WELLESLEY COLLEGE

Employer identification number 04-2103637

FORM 990 REVIEW - FORM 990, PART VI, LINE 11B:
FORM 990 WAS PREPARED BY AN OUTSIDE PUBLIC ACCOUNTING FIRM AND REVIEWED

TRUSTEES REVIEWS FORM 990 AND ALL REQUIRED SCHEDULES PRIOR TO FILING WITH

THE INTERNAL REVENUE SERVICE. FORM 990 AND ALL REQUIRED SCHEDULES ARE

BY THE COLLEGE'S FINANCE OFFICE. THE AUDIT COMMITTEE OF THE BOARD OF

ALSO DISTRIBUTED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING.

MONITORING AND ENFORCEMENT OF CONFLICT POLICY - FORM 990, PART VI, 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 ADMINISTRATION 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, 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, 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.

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

AMENDING FORM 990 - FORM 990, LINE B:

Schedule O (Form 990 or 990-EZ) 2014 Page **2** 

Name of the organization

WELLESLEY COLLEGE

04-2103637

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

1D.

ATTACHMENT 1

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

FRANCE

ITALY

MEXICO

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
KIERAN TIMBERLAKE ASSOCIATES LLP 841 N AMERICAN ST. PHILADELPHIA, PA 19123	ARCHITECT SVCS.	2,163,393.
BENNINGTON DESIGN MANAGEMENT 131 OXBOW ROAD NEEDHAM, MA 02492	DESIGN SVCS.	520,774.
ROBERT OLSON & ASSOCIATES, LLC 374 CONGRESS ST. #300 BOSTON, MA 02210	ARCHITECTS	481,155.
ROPES & GRAY ONE INTERNATIONAL PLACE BOSTON, MA 02110	LEGAL FEES	646,230.
ASTON CONTRACTING LLC 39 PROSPECT ST. SHERBORM, MA 01770	CONSTRUCTION	462,899.

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization
WELLESLEY COLLEGE

Employer identification number 04-2103637

Part I	art I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	_	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) WELLESLEY COLLEGE ALUMNAE ASSOCIATION 04-2105817							
106 CENTRAL STREET WELLESLEY, MA 02481	ALUMNAE ASSOC	MA	501(C)(3)	11C	N/A		X
(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) 2014

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

(a) Name, address, and EIN of related organization	<b>(b)</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			Gen man	eral or aging tner?	(k) Percentage ownership	
		oounity)					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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(control entity
(1)								Yes N
(2)								
(3)								
(4)								
(5)								
(6)								

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 Schedule R (Form 990) 2014
 Page 3

Schedule R (Fo	om 990) 2014
Part V	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s) $\dots$				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
0	Sharing of paid employees with related organization(s)				10	X	
	Reimbursement paid to related organization(s) for expenses.					X	
q	Reimbursement paid by related organization(s) for expenses				1q	X	
_	Other transfer of each or manager to melated association(s)				4		X
r	Other transfer of cash or property to related organization(s)				1r 1s		<u>X</u>
2 2	Other transfer of cash or property from related organization(s)	this line including cov	ared relationships and transa	oction thro	_		
	(a)	(b)	(c)	iction tine	(d)	s	
	Name of related organization	Transaction	Amount involved	Method	of dete		ng
		type (a-s)		amou	ınt invo	olved	
1)	WELLESLEY COLLEGE ALUMNAE ASSOCIATION	N	72,262.	FMV			
,			, , , , ,	<u> </u>			
		1					

	(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>	WELLESLEY COLLEGE ALUMNAE ASSOCIATION	N	72,262.	FMV
<u>(2)</u>	WB DAYCARE INC.	N	220,249.	FMV
(3)				
(4)				
<u>(5)</u>				
(6)				

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Schedule R (Form 990) 2014

# 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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes				Yes	No	(1 01111 1003) Y	Yes	No	<u>.                                    </u>
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													
11)													
(2)													
(3)													
14)													
15)													
16)													

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Schedule R (Form 990) 2014 Page **5** 

# Part VII Supplemental Information

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